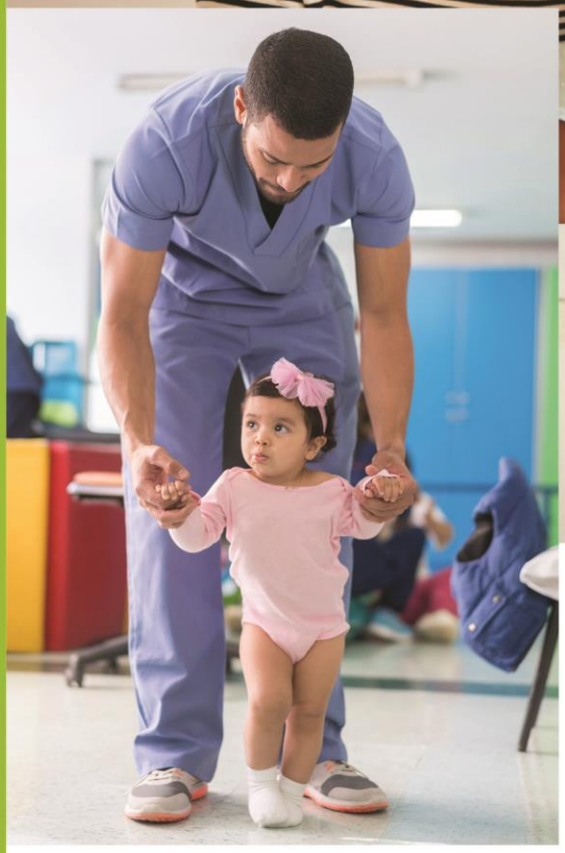
2016 Community Health Needs Assessment

Alameda and Contra Costa Counties



UCSF Benioff Children's Hospital Oakland

Center for Community Health and Engagement

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Applied Survey Research is a social research firm dedicated to helping people build better communities.

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1. EXECUTIVE SUMMARY

Community Health Needs Assessment (CHNA) Background

The Affordable Care Act (ACA), enacted by Congress on March 23, 2010, stipulates that nonprofit hospital organizations complete a community health needs assessment (CHNA) every three years and make it widely available to the public. This assessment includes feedback from the community as well as experts in public health, clinical care, and others. This CHNA serves as the basis for implementation strategies that are filed with the Internal Revenue Service (IRS).

The IRS requires that each hospital conduct a CHNA and adopt an implementation strategy for each of its facilities by the last day of its taxable year, June 30th. The current CHNA assessment was conducted in 2015, meeting the requirement that the assessment be conducted in the same tax year it is due, or in the two years immediately preceding that year.

This 2016 assessment is the second such assessment conducted since the ACA was enacted and builds upon the information and understanding that resulted from the 2013 CHNA. This 2016 CHNA report documents how the CHNA was conducted and describes the related findings.

Process & Methods

Twelve local hospitals in Alameda and Contra Costa Counties ("the Hospitals") began the second CHNA cycle in 2015. The Hospitals' goal was to collectively gather community feedback, understand existing data about health status, and prioritize local health needs.

Community input was obtained during the summer and fall of 2015 via key informant interviews with local health experts, focus groups with community leaders and representatives, and focus groups with community residents. Secondary data were obtained from a variety of sources – see Attachment 2 for a complete list.

Data were gathered at the county level and, when possible, the sub-county level. The map on the following page indicates the geographic areas comprising the service area of UCSF Benioff Children's Hospital Oakland ("Children's").

In November 2015, health needs were identified by synthesizing primary qualitative research and secondary data and filtering these needs through a set of standards. Each of the hospitals then engaged in a prioritization process as described in the next section.

Map of Children's Service Area

Source: University of Missouri, Center for Applied Research and Environmental Systems (CARES).

Prioritized Needs

Based on community input and secondary data, the Hospitals generated a list of health needs. At Children's, the seven members of the Center for Community Health and Engagement (CCHE) that oversees the Community Health Needs Assessment agreed upon a set of criteria to determine which health needs were of highest priority. Using these criteria, they voted on the top health needs. The four health needs with the most votes are presented in this report as being of primary priority, and the remaining health needs are presented as being of secondary priority. The needs are listed below in Children's two priority groupings, and in alphabetical order within those groupings. See page 35 for a full description and Attachment 9 for detailed health profiles.

Health Needs Identified by CHNA Process, in Order of Priority

Primary Priority Health Needs *(alphabetically)*

- **Economic Security:** The percentage of Children's service area residents who experienced food insecurity at some point during the year is higher than the Healthy People 2020 (HP2020) objective. The community is concerned about academic, economic, and social barriers that exist for people of color, and concerned that jobs are not paying living wages.
- **Healthcare Access & Delivery, Including Primary & Specialty Care:** Compared to the state average, Children's service area residents face higher rates of preventable hospital events. Community feedback indicates that barriers to accessing services include cost, lack of reliable transportation, negative experiences with service providers, and lack of provider cultural diversity.
- **Maternal & Child Health:** Infant mortality and breastfeeding rates for Children's service area indicate that compared to other racial/ethnic groups, Black women and babies are doing worse than their White, Latino, and Asian counterparts. The community is concerned about the effects of trauma on children and the additional pressure that children are facing to perform in all areas of their lives.
- **Mental Health:** The rate of suicide in Contra Costa County (the northern and eastern parts of Children's service area) is higher than the HP2020 objective, and the rate of severe mental illness emergencies in Alameda County (the western part of Children's service area) is substantially higher than the state average. The community is concerned about the range of issues that adolescents face and the lack of mental health service providers trained to work with children, especially children with trauma.

Secondary Priority Health Needs *(alphabetically)*

- **Asthma:** Asthma rates and asthma hospitalization rates among children and teens in Children's service area are higher than the state average. There is concern with how communities without a hospital nearby will manage the chronic disease and concern about certain neighborhoods that have especially high rates of asthma.

- **Climate & Health:** The air quality in Children's service area is worse than the state, and a much higher percentage of residents were without access to air conditioning compared to the state average. The community is concerned with poor air quality and that there is not the infrastructure to deal with an extremely hot climate.
- **Communicable Diseases:** There is contention in the community about childhood immunization, while pertussis cases in both counties more than tripled between 2013 and 2014. Community feedback indicates that adolescents need more sexual health education.
- **Obesity, Diabetes, Nutrition:** Youth in the majority of Children's service area fall below the HP2020 goals for eating right and exercising enough, and overweight and obesity rates are higher than they should be. Community feedback indicates that barriers to youth eating more healthy foods include lack of access and cost of healthier foods, lack of transportation to the supermarket, and an abundance of cheap fast food, while lack of access to recreational activities that are affordable and convenient contributes to youth not exercising enough.
- **Oral/Dental Health:** Alameda County has a lower percentage of children who visited a dentist in the past year compared to the state average, and Contra Costa County has a higher percentage of children who missed school days due to a dental problem compared to the state. The community is concerned that parents are not taking their children to the dentist for preventative care and concerned about the lack of oral health care requirements at school.
- **Substance Abuse (Alcohol, Tobacco, and Other Drugs):** Data show that some residents in Children's service area have greater access to alcohol and are visiting the Emergency Room more frequently due to substance abuse than the state average. The community is concerned about the prevalence of drug use and the accessibility of alcohol among youth.
- **Unintentional Injuries:** Pedestrian accident mortality rates in Children's service area are higher than the HP2020 target. Community input focused on unintentional injuries among older adults more so than among children.
- **Violence/Injury Prevention:** Rates of non-fatal ER visits for injury due to assault and domestic violence and homicide mortality are all higher than the state averages. The community is concerned about the safety of children due to violence related to gangs and drugs, especially among the Black and Latino communities. Community concerns also arose around lack of trust with the police, and with respect to higher levels of violence in certain areas like East Oakland, West Oakland, and Richmond.

Next Steps

After making this CHNA report publicly available in 2016, each hospital will develop individual implementation plans based on this shared data.

2. INTRODUCTION/BACKGROUND

Purpose of CHNA Report & Affordable Care Act Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provides guidance at a national level for Community Health Needs Assessments (CHNAs) for the first time. Federal requirements included in ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new regulations 501(r), one of which is conducting a CHNA every three years. The CHNA report must document how the assessment was done, including the community served, who was involved in the assessment, the process and methods used to conduct the assessment, and the community's health needs that were identified and prioritized as a result of the assessment. Final requirements were published in December 2014. The 2016 CHNA meets both state (SB697) and federal (ACA) requirements.

Impact of the Affordable Care Act (ACA)

The federal definition of community health needs includes social determinants of health in addition to morbidity and mortality. This broad definition of health needs is indicative of the wider focus on both upstream and downstream factors that contribute to health. Such an expanded view presents opportunities for non-profit hospitals to look beyond immediate presenting factors to identify and take action on the larger constellation of influences on health, including the social determinants of health. In addition to providing a national set of standards and definitions related to community health needs, the ACA has had an impact on upstream factors. For example, the ACA created more incentives for health care providers to focus on prevention of disease by including lower or no co-payments for preventative screenings. Also, funding has been established to support community-based primary and secondary prevention efforts.

The intent of the ACA is to increase the number of insured and make if affordable through Medi-Cal expansion and healthcare exchanges implemented by participating states. While the ACA has expanded coverage to care for many people and families, there still exists a large population of people who remain uninsured as well as those who experience barriers to healthcare, including costs of healthcare premiums and services and getting access to timely, coordinated, culturally appropriate services.

State and County Impacts

The last CHNA report conducted was in 2013, before the full implementation of the ACA. Healthcare access was a top concern for the community and nonprofit hospitals and remains so in 2016. Following the institution of the ACA in January 2014, Medi-Cal was expanded in California to low-income adults who were not previously eligible for coverage. Specifically, adults earning less than 138% of the federal poverty level (FPL) (approximately

$15,856 annually for an individual) are now eligible for Medi-Cal. In 2014, "Covered California," a State Health Benefit Exchange, was created to provide a marketplace for healthcare coverage for any Californian. In addition, Americans and legal residents with incomes between 139% and 400% of the FPL can benefit from subsidized premiums.[1]

Between 2013 and 2014 there was a 12% drop in the number of uninsured Californians aged 18-64 years old,[2] according to data cited by the California Healthcare Foundation. According to the California Health Interview Survey, in 2013 19% of the population aged 18-64 in Alameda County was not insured (191,000 people).[3] Previous years (2011 and 2012) had seen the uninsured rate at 14%, demonstrating an unexpected increase between 2011 and 2013 in Alameda County.[4] Also according to the California Health Interview Survey, in 2014 18% of the population aged 18-64 in Contra Costa County was not insured (122,000 people). This continues the unexpected increasing trend, beginning in 2012 when 15% of the 18-64 population in Contra Costa County was uninsured, and continuing in 2013, when 16% of that population was uninsured.[5]

Although some Alameda County and Contra Costa County residents may have obtained health insurance for the first time, health insurance costs, the cost of care, and access to timely appointments remain a concern. As discussed later in this report, residents (including those whose insurance plans did not change since the ACA) are experiencing difficulties with getting timely appointments for care, which they attribute to the lack of healthcare professionals. Indeed, professionals who participated in this assessment also expressed concern about the lack of a sufficient number of doctors and clinics that accept Medi-Cal and/or Denti-Cal insurance. This is supported by evidence that there was an increase in the proportion of people who said they had forgone care because they could not get an appointment (from 5% in 2013 to 8% in 2014).[6]

While 2014 survey data are informative in understanding initial changes in healthcare access, a clearer picture on what healthcare access looks like will be forthcoming in future CHNA reports. Although health care access is important in achieving health, a broader view takes into consideration the influence of other factors including income, education, and where a person lives. These factors are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices. These underlying social and economic factors cluster and accumulate over

[1] http://www.healthforcalifornia.com/covered-california
[2] California Health Interview Survey (CHIS), 2014. Retrieved Nov. 1, 2015 from http://www.chcf.org/aca-411/
[3] Insured/uninsured figures for Alameda County for 2014 are not considered statistically stable.
[4] California Health Interview Survey (CHIS), 2011-2014. Retrieved Dec. 11, 2015 from http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/geography
[5] California Health Interview Survey (CHIS), 2011-2014. Retrieved Dec. 11, 2015 from http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/geography
[6] California Health Interview Survey (CHIS), 2014. Retrieved Nov. 1, 2015 from http://www.chcf.org/aca-411/

one's life, and influence health inequities across different populations and places.[7] According to the Robert Wood Johnson Foundation's approach of what creates good health, modifiable health outcomes (i.e., those not driven by genetics) are largely shaped by social and economic factors (40%), followed by health behaviors (30%), clinical care (20%) and the physical environment (10%).[8] In order to address the bigger picture of what creates good health, health care systems are increasingly extending beyond the walls of medical offices to the places where people live, learn, work, and play.

[7] Santa Clara County Public Health Department, 2014 Santa Clara County Community Health Assessment.
[8] http://www.countyhealthrankings.org/our-approach

3. 2013 CHNA SUMMARY & RESULTS

In 2013, UCSF Benioff Children's Hospital Oakland ("Children's") identified community health needs in a process that met the IRS requirements of the CHNA. During this first CHNA study, the research focused on identifying health conditions, and secondarily the drivers of those conditions (including healthcare access). Our hospital identified the health needs found in the list below. In the 2016 study, the Hospitals, including our hospital, built upon this work by using a combined list of identified needs from 2013 to ask about any additional important community needs, and delving deeper into questions about healthcare access, drivers of prioritized health needs and barriers to health, and solutions to the prioritized health needs. We also specifically sought to understand how the Affordable Care Act (ACA) implementation impacted residents' access to healthcare, including affordability of care. Please note that the 2013 CHNA report was conducted before the full implementation of the ACA.

2013 UCSF Benioff Children's Hospital Oakland CHNA Health Needs List (in alphabetical order)

- Active living (exercise/activity)
- Dental (access)
- Economic security (poverty)
- Healthcare access (preventative, primary, specialty)
- Healthcare delivery (preventative, primary, specialty)
- Healthy eating (cost; food insecurity; nutrition)
- Mental health (cost; local)
- Pollution/clean environment (air, waste, etc.)
- Substance abuse (coast; local)
- Violence/Safety (active spaces; prevention)

The section below describes the health needs our hospital chose to address and the strategies we identified to address them. For a description of evaluation findings for these strategies, please see Section 8.

Access to quality health care services for children

Need Statement	Access to quality health care services for children was the number one health need for the UCSF Benioff Children's Hospital Oakland service area, as identified by the report's authors, and was the second most frequently cited driver of health issues among key informants and focus groups (see 2013 CHNA Appendix I). Although MediCal provides health insurance to nearly all non-undocumented children in need, there are several barriers that reduce access to care for children.
Strategy 1	Increase the number of patients seen at Children's federally qualified health center (FQHC) primary care clinic at 5220 Claremont Avenue by 2016.
Strategy 2	Increase the number of patients seen for specialty care at Children's federally qualified health center (FQHC) at 5220 Claremont Avenue by 75 percent by 2016.
Strategy 3	Train eligibility workers and other staff to become "assisters" for the California Health Benefit Exchange.

Social determinants of health affecting children and families

Need Statement	Social determinants of health affecting children and families represent a health need because typically, families living on the margins, not unlike many of the families who visit Children's, have difficulty addressing non-acute health issues because they are focused on basic needs. Indeed, 6 of the top 10 health needs, as identified by the 2013 CHNA's authors, are social and environmental, not medical or biological. The list includes access to healthy food, safe places to live and be active, poverty, pollution, and transportation. Providers do not allocate time, are not trained, nor are they reimbursed to address social determinants during an office visit. Yet these determinants profoundly affect health outcomes. Children's seeks to develop a system whereby determinants can begin to be addressed as part of a more comprehensive, family-centered, prevention-oriented model of health care. Such a system would also let the providers work more efficiently by providing a referral mechanism to address these types of complicated social issues, and serve to train the next generation

	of health care professionals about social determinants. Ultimately, addressing these social determinants will improve health and reduce costs.
Strategy 1	Establish a Family Information and Navigation Desk (FIND) at our FQHC.
Strategy 2	Establish a Family Information and Navigation Desk (FIND) at the Children's Emergency Department (ED).

Access to mental health services for children

Need Statement	Access to mental health services for children was the second highest community health need in 2013, identified by the authors as "access to mental health services." A word count analysis (see 2013 CHNA Appendix I) revealed that mental health was the most consistently mentioned concern among all key informant and focus group interviews. Experts who were interviewed for the CHNA and community members who partook in the focus groups consistently reported the struggle people in general, and young people in particular, have in maintaining positive mental health and accessing treatment for mental illness. Such struggles ranged from daily coping in the midst of personal and financial pressures to the management of severe mental illness requiring inpatient care. All 23 ZIP codes in Children's service area that were identified as "areas of concern" had rates of ED visits for mental health issues that were above the state benchmark; the rate for ZIP 94612 (downtown Oakland) is five times the state benchmark.
Strategy 1	Provide capital funding to expand mental health services by 50 percent at the Castlemont High School Based Clinic.
Strategy 2	Expand infrastructure at Early Intervention Services to enable evaluation at Children's Early Intervention Services program (EIS).

Access to and education about nutrition for children and families

Need Statement	Access to and education about nutrition for children and families was a key health need in 2013. Qualitative data analysis (see word count analysis in 2013 CHNA Appendix I) showed that key informants and community members considered eating habits a major contributor to negative health outcomes for the

	community. The main concerns regarding healthy eating focused on issues of food security and access to affordable, quality healthy foods in their community. The CHNA analysis of the retail food environment indicated that the food environment within Children's communities of concern varies greatly, with some areas having access to food classified as "good," such as Berkeley, parts of Oakland, and west Hayward, but with other areas having "poor" to "no" healthy retail outlets, such as North Richmond, West Oakland, parts of East Oakland such as Highland Park, Highland Terrace, South Berkeley, Emeryville, and the Ashland areas. Obesity, type II diabetes, heart disease, and hypertension are outcomes that are highly impacted by nutrition. All of these are especially prevalent in minorities. Obesity and type II diabetes are now common among children, and risk factors and the behaviors that shape these risk factors for cardiovascular disease begin in childhood. Prevention must begin early.
Strategy 1	Develop a Family Heart and Nutrition Center (FHNC).

HIV screening for adolescents

Need Statement	HIV screening for adolescents was a key health need in 2013. Despite declining incidence and relative absence from the media spotlight in recent years, HIV/AIDS is still a major public health issue in terms of its prevalence, impact on quality of life, cost, and potential for death. Most transmission is by individuals who do not yet know that they have HIV. The Centers for Disease Control recommends universal screening for all persons ages 12 and above even if the individual claims not to be sexually active. Children's currently does HIV testing at six locations, but testing is not offered to everybody, is inconsistent across sites, and has been declining over time.
Strategy 1	Increase HIV testing to 100 percent at seven Children's locations that see a high volume of adolescents.

Written Public Comments to 2013 CHNA

UCSF Benioff Children's Hospital Oakland ("Children's") posted its 2013 CHNA report publicly on its website at http://www.childrenshospitaloakland.org/main/community-benefit-reports.aspx. Children's provided the public an opportunity to submit written comments on the facility's previous CHNA report through providing a contact name and email for any questions or comments from the community. This channel of communication will continue to allow for written community input on the hospital's most recently conducted CHNA report.

As of the time of this CHNA report development, our hospital had not received written comments about previous CHNA reports. Children's will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate hospital staff.

Evaluation Findings of Previously Implemented Strategies

Purpose of 2013 Implementation Strategy Evaluation of Impact

A Community Health Needs Assessment (CHNA) for UCSF Benioff Children's Hospital Oakland was conducted from Feb. 2012-Feb. 2013, according to guidelines proposed in the Affordable Care Act. The community-based participatory research orientation was used to conduct the CHNA, which included primary qualitative data collection (expert interviews and focus groups) as well as quantitative secondary data collected from existing data sources. Results of the CHNA reveal high priority populations, geographic locations, diseases/conditions, and negative health drivers (i.e. risk factors). The methodology and results are described in detail in UCSF Benioff Oakland's 2013 CHNA Report.

UCSF Benioff Children's Hospital Oakland's 2013 Implementation Strategy Report (ISR) was developed to identify activities to address health needs identified in the 2013 CHNA. This section of the CHNA report describes and assesses the impact of these activities. For more information on UCSF Benioff Children's Hospital Oakland's ISR, including the health needs identified in the facility's 2013 service area, the health needs the facility chose to address, and the process and criteria used for developing implementation strategies, please visit http://www.childrenshospitaloakland.org/Uploads/Public/Documents/PDF/community-benefit-implementation-plan-2014-FINAL.pdf. For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by UCSF Benioff Children's Hospital Oakland in the 2013 ISR.

1. Access to quality health care services for children
2. Social determinants of health affecting children and families (including includes access to healthy food, safe places to live and be active, poverty, pollution, and transportation)
3. Access to mental health services for children

4. Access to and education about nutrition for children and families

5. HIV screening for adolescents

UCSF Benioff Children's Hospital Oakland is monitoring and evaluating progress to date on its 2013 implementation strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and UCSF Benioff Children's Hospital Oakland in-kind resources. In addition, UCSF Benioff Children's Hospital Oakland tracks outcomes, including behavior and health outcomes, as appropriate and where available.

As of the documentation of this CHNA report in March 2016, UCSF Benioff Children's Hospital Oakland had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, UCSF Benioff Children's Hospital Oakland will continue to monitor impact for strategies implemented in 2016.

2013 Implementation Strategy Evaluation of Impact Overview

According to the Affordable Care Act, the CHNA is intended to guide the hospital's community benefit programs. Since health needs of communities typically do not change dramatically within a few years, it is noteworthy that UCSF Benioff Oakland is already dedicating significant resources to many of the prioritized issues and populations identified in the CHNA. These issues include preventable injuries, obesity, asthma, diabetes, child abuse and domestic violence, and dental care. UCSF Benioff Oakland also has a substantial focus on specific subpopulations highlighted in the CHNA including youth, homeless children, foster children, the uninsured, and children living in poverty. With limited and in some cases declining funding for these efforts, UCSF Benioff Oakland's Community Benefit Implementation Plan includes the goal of sustaining key programs that are successfully addressing one or more of the prioritized community needs. Additionally, the CHNA has identified several community needs that represent opportunities to better serve children and families in its community. This document outlines UCSF Benioff Oakland's plans to meet many of the "new" needs identified in the CHNA and does not attempt to simply itemize existing programs described in our annual UCSF Benioff Oakland Community Benefit Report.

2013 Implementation Strategy Evaluation of Impact, by Health Need

The impact evaluation of UCSF Benioff Children's Hospital Oakland's 2013 implementation strategies is summarized below. For more details, see Attachment 4.

<u>Access to quality health care services for children</u>

- **Objective:** Increase the number of patients seen at UCSF Benioff Oakland's federally qualified health center (FQHC) primary care clinic at 5220 Claremont Avenue by 2016.
    - ***Impact:*** Objective not completed due to other emergent needs and priorities.

- **Objective:** Increase the number of patients seen for specialty care at UCSF Benioff Oakland's federally qualified health center (FQHC) at 5220 Claremont Avenue by 75% by 2016.
    - ***Impact:*** Objective met. Increased number of patients seen for specialty care by 75% and added the following subspecialties to the clinic:
        - Gastroenterology
        - Pulmonary
        - Ophthalmology
- **Objective:** Create the Center for Community Health and Engagement (CCHE) to bridge pediatric care with community needs and provide much needed support to existing community benefit programs.
    - ***Impact:*** Objective met. $2 million dollars raised to support CCHE and community benefit projects. 14 staff hired to advance CCHE mission.
- **Objective:** Create CCHE internship program.
    - ***Impact:*** Objective met. 17 interns enrolled in CCHE internship program.

<u>Social determinants of health affecting children and families</u>

- **Objective:** Establish a Family Information and Navigation Desk (FIND) at our FQHC.
    - ***Impact:*** Objective met. Resolved at least 1 unmet social need for intervention group in RCT. For intervention group, improved perception of child health outcomes. Across study high patient satisfaction rates. Universal screening for social determinants in primary care well-child checks.
- **Objective:** Establish a Family Information and Navigation Desk (FIND) at the UCSF Benioff Oakland Emergency Department (ED).
    - ***Impact:*** Objective met. Resolved at least 1 unmet social need for intervention group in RCT. For intervention group, improved perception of child health outcomes. Across study high patient satisfaction rates. Increased clinical training opportunities to address the social determinants of health.
- **Objective:** Increase ability to address early literacy as a component of children's health by implementing Talk, Read, Sing Initiative.
    - ***Impact:*** Objective met and in progress.

      PRIMARY CARE:
        - 509 families enrolled in early literacy
        - 140 families enrolled in early math
        - Trained all residents on TSTR
        - Conducted 5 afternoon clinic lectures on TSTR
        - Developing sustainability plan

      HOSPITAL INTERVENTION:
        - Talk, Read, Sing day for community held on Sept 29, 2015
        - Over 1,000 books distributed

- Talk, Read, Sing Circles including medical residents began Feb 2016
- Closed circuit Talk, Read, Sing channel developed with stories, songs and PSA's regarding importance of reading to children.

Access to mental health services for children

- **Objective:** Provide capital funding to expand mental health services by 50 percent at the Castlemont High School Based Clinic.
  - ***Impact:*** Objective not completed due to other emergent needs and priorities.
- **Objective:** Expand infrastructure at Early Intervention Services (EIS) to enable evaluation at UCSF Benioff Oakland's EIS.
  - ***Impact:*** Objective met. EIS has the infrastructure to conduct research. EIS has obtained $2,200,000 in grants.
- **Objective:** Behavioral Health Integration: Increase collaboration between Primary Care and Mental Health providers.
  - ***Impact:*** Objective met. Over 300 children have received mental health services at the clinic site.
- **Objective:** To start a park prescription program at primary care clinic and to conduct a feasibility and efficacy trial of the park prescription program.
  - ***Impact:*** Objective met. Monthly nature outings for more primary care clinic patients and family members. 78 families enrolled in trial and followed over 3 months. Findings being submitted to national conferences. Clinic decorated with large posters of local parks. EMR integrates nature screening and referral.
- **Objective:** Partner to deliver trauma informed training.
  - ***Impact:*** Objective met and in progress. 4 staff trained in San Francisco DPH model of trauma-informed systems. Training to begin at other sites. Cross-training on trauma screening tools. Completed initial inventory of trauma screening tools being utilized throughout UCSF Benioff Oakland and evidence-based trauma treatment modalities.
- **Objective:** Improve quality of service delivery and trauma informed care coordination at UCSF Benioff Oakland.
  - ***Impact:*** Objective met and in progress. Ongoing meetings to define existing activities to address trauma screening and treatment.
- **Objective:** Launch a multi-year study to evaluate screening for ACEs in primary care settings.
  - ***Impact:*** Objective met. Convened and collaborated on creation of successfully funded proposal. Developed modified pediatric prospective ACES screening tool. Created work groups to design theory of change for primary care intervention. Created panels of biomarkers, including traditional and novel elements to be tested as part of the larger study.

Access to and education about nutrition for children and families

- **Objective:** Develop a Family Heart and Nutrition Center.
  - ***Impact:*** Objective met. Provided nutrition education seminars and workshops as well as free lipid and glucose screenings to underserved and minority youth and families in Oakland. Trained relevant staff and volunteers for educational outreach and program implementation. Created a database of individuals interested in participating in research from the local community. Worked with existing Children's departments and programs, e.g. Endocrinology and Healthy Hearts (a weight reduction program), to create a research infrastructure in the context of these clinical programs.

HIV screening for adolescents

- **Objective:** Increase HIV testing to 100 percent at seven UCSF Benioff Oakland locations that see a high volume of adolescents.
  - ***Impact:*** Objective met and in progress. Since the implementation of HIV FOCUS Project in January of 2014, a total of 7,871 UBCHO patients have been screened using the routine HIV screening model at seven UCSF Benioff Oakland locations. A total of 5 true HIV infections have been identified, 3 of which were Acute HIV Infection (AHI), found as a result of the utilization of the 4th generation antigen-antibody test. Additionally, compared to baseline (2013) offering and testing rates, have improved substantially (see below)
    - 2013 (Pre-FOCUS) Offer Rate: 23.95%
    - 2013 (Pre-FOCUS) Testing Rate: 18.55%
    - 2014 Offer Rate: 52.48%
    - 2014 Testing Rate: 25.2%
    - 2015 Offer Rate: 67.65%
    - 2015 Testing Rate: 25.11%

4. About Our Hospital

About Our Hospital

The mission of UCSF Benioff Children's Hospital Oakland (Children's) is to protect and advance the health and well-being of children through clinical care, teaching, and research. Children's offers a broad range of inpatient, outpatient, and community-based services, with experts in over 30 distinct pediatric subspecialties. Children's is a federally qualified health center with a Level 1 pediatric trauma center designation. While it is located in Oakland, Alameda County, it boasts a service area that encompasses all of Northern California as well as additional states and countries. However, Children's is a regional pediatric medical center and approximately 80 percent of its patients live in either Alameda or Contra Costa County.

Children's serves as the pediatric safety net hospital for both of these counties, since neither county's public hospitals have beds to accommodate children. Over 70% of Children's patients receive Medi-Cal. Children's also offers multiple programs and services in the area. It runs the largest pediatric primary care clinic in Oakland, two comprehensive school-based clinics, and a clinic at the Alameda County Juvenile Justice Center in San Leandro. In addition to the services provided in Alameda County, Children's operates outpatient pediatric specialty care centers in Brentwood, Larkspur, Pleasanton, and Walnut Creek

In 2014, a total of 70,448 patients made 10,386 inpatient visits and 247,597 outpatient visits at Children's facilities, including 45,828 visits to Children's Emergency Department and 29,766 visits to its primary care clinics. In addition, over 50 languages were spoken this year at Children's.

About Our Hospital's Community Benefits Program

With over $150,000,000 in community benefits in 2014, Children's has one of the largest community benefits programs among all children's hospitals in California.

Children's defines community benefit as "a planned, managed, organized, and measured approach to meeting documentable community needs intended to improve access to care, health status, and quality of life." It is generally accepted that a community benefit should meet one or more of these criteria:

- Respond to public health needs
- Respond to the needs of a vulnerable or at-risk population
- Improve access to care
- Generate no (or negative) profit margin
- Would likely be discontinued if the decision were made on a purely financial basis

In 2015, Children's created the Center for Community Health and Engagement (CCHE) in part to "house" and serve as a hub for community benefits programs and planning. CCHE

is responsible for coordinating the medical center's triennial community health needs assessment, and for writing its community benefits strategic plan and annual community benefits reports. These reports are submitted to the Children's Board of Directors and made available to hospital staff and the general public via the Children's website, the CCHE's quarterly newsletter, handouts at public events, and targeted mailings. The reports are also provided to community groups, donors, print media, and elected officials in our service area. Children's maintains public awareness of its community services through social media, traditional media coverage of the hospital, CCHE's quarterly newsletter and website, and Children's Handprints, a hospital magazine sent out three times a year.

Community Served

The Internal Revenue Service defines the "community served" by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

Geographic Description of Community Served (Cities, Towns, and Counties)

Alameda County

Alameda County consists of the following major cities and towns: Alameda, Albany, Berkeley, Dublin, Emeryville, Fremont, Hayward, Livermore, Newark, Oakland, Piedmont, Pleasanton, San Leandro, and Union City.

According to the County of Alameda,[9] the following unincorporated towns and areas are also included in Alameda County: Ashland, Castro Valley, Cherryland, Fairview, San Lorenzo, and Sunol.

Contra Costa County

Contra Costa County consists of the following major cities and towns: Antioch, Brentwood, Clayton, Concord, Danville, El Cerrito, Hercules, Lafayette, Martinez, Moraga, Oakley, Orinda, Pinole, Pittsburg, Pleasant Hill, Richmond, San Pablo, San Ramon, and Walnut Creek.

According to Contra Costa County,[10] the following unincorporated towns and areas are also included in Contra Costa County: Acalanes Ridge, Alamo, Alhambra Valley, Bay Point, Bayview, Bethel Island, Blackhawk, Briones, Byron, Camino Tassajara, Canyon, Castle Hill, Clyde, Contra Costa Centre, Crockett, Diablo, Discovery Bay, East Richmond Heights, El Sobrante, Kensington, Knightsen, Montalvin Manor, Mt. View, Norris Canyon, North Gate, North Richmond, Pacheco, Port Chicago, Port Costa, Reliez Valley, Rodeo, Rollingwood, San Miguel, Saranap, Shell Ridge, Tara Hills, and Vine Hill.

[9] https://www.acgov.org/about/cities.htm
[10] http://www.co.contra-costa.ca.us/DocumentCenter/View/6505

Demographic Profile of Community Served

Alameda County

The U.S. Census estimates a population of 1,535,248 in Alameda County (U.S. Census Bureau, American Community Survey, 2009-2013). Over one fifth (22%) of the population in Alameda County is under the age of 18, while 12% is 65 years or older, leaving approximately two thirds who are adults under the age of 65. Children's considers the segment of the population it serves as children under the age of 18. Alameda County is also very diverse, with only 46% of the population White alone. Nearly 6% of the population is of two or more races.

Race/Ethnicity (alone or in combination with other races)	**Percent of County**
White	45.6%
Asian	26.8%
Black	12.1%
Pacific Islander/Native Hawaiian	0.8%
American Indian/Alaskan Native	0.6%
Some other race	8.3%
Multiple races	5.9%
Latino (of any race)	22.5%

Note: Percentages do not add to 100% because they overlap.
Data source: U.S. Census Bureau, American Community Survey, 2009-2013

One in ten (10.4%) Alameda County residents age five or older are linguistically isolated; that is, they "live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speaks a non-English language and speaks English 'very well'" (U.S. Census Bureau, American Community Survey, 2009-2013). A larger proportion of this population (18.7%) has limited English proficiency; that is, they "speak a language other than English at home and speak English less than 'very well.'" According to the Community Commons data platform, this indicator is relevant because "an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education."

Contra Costa County

The U.S. Census estimates a population of 1,065,749 in Contra Costa County (U.S. Census Bureau, American Community Survey, 2009-2013). Nearly one quarter (24%) of the population in Contra Costa County is under the age of 18, while 13% is 65 years or older,

leaving approximately 63% who are adults under the age of 65. Similar to Alameda County, Children's considers the community it serves to be children under the age of 18. Contra Costa County is also relatively diverse, with less than two thirds (63%) of the population White alone. Over 5% of the population is of two or more races.

Race/Ethnicity (alone or in combination with other races)	**Percent of County**
White	63.1%
Asian	14.7%
Black	9.1%
Pacific Islander/Native Hawaiian	0.5%
American Indian/Alaskan Native	0.5%
Some other race	6.7%
Multiple races	5.4%
Latino (of any race)	24.5%

Note: Percentages do not add to 100% because they overlap.
Data source: U.S. Census Bureau, American Community Survey, 2009-2013

More than one in twenty (6.8%) Contra Costa County residents age five or older are linguistically isolated; that is, they "live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speaks a non-English language and speaks English 'very well'" (U.S. Census Bureau, American Community Survey, 2009-2013). A larger proportion of this population (13.7%) has limited English proficiency; that is, they "speak a language other than English at home and speak English less than 'very well.'" According to the Community Commons data platform, this indicator is relevant because "an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education."

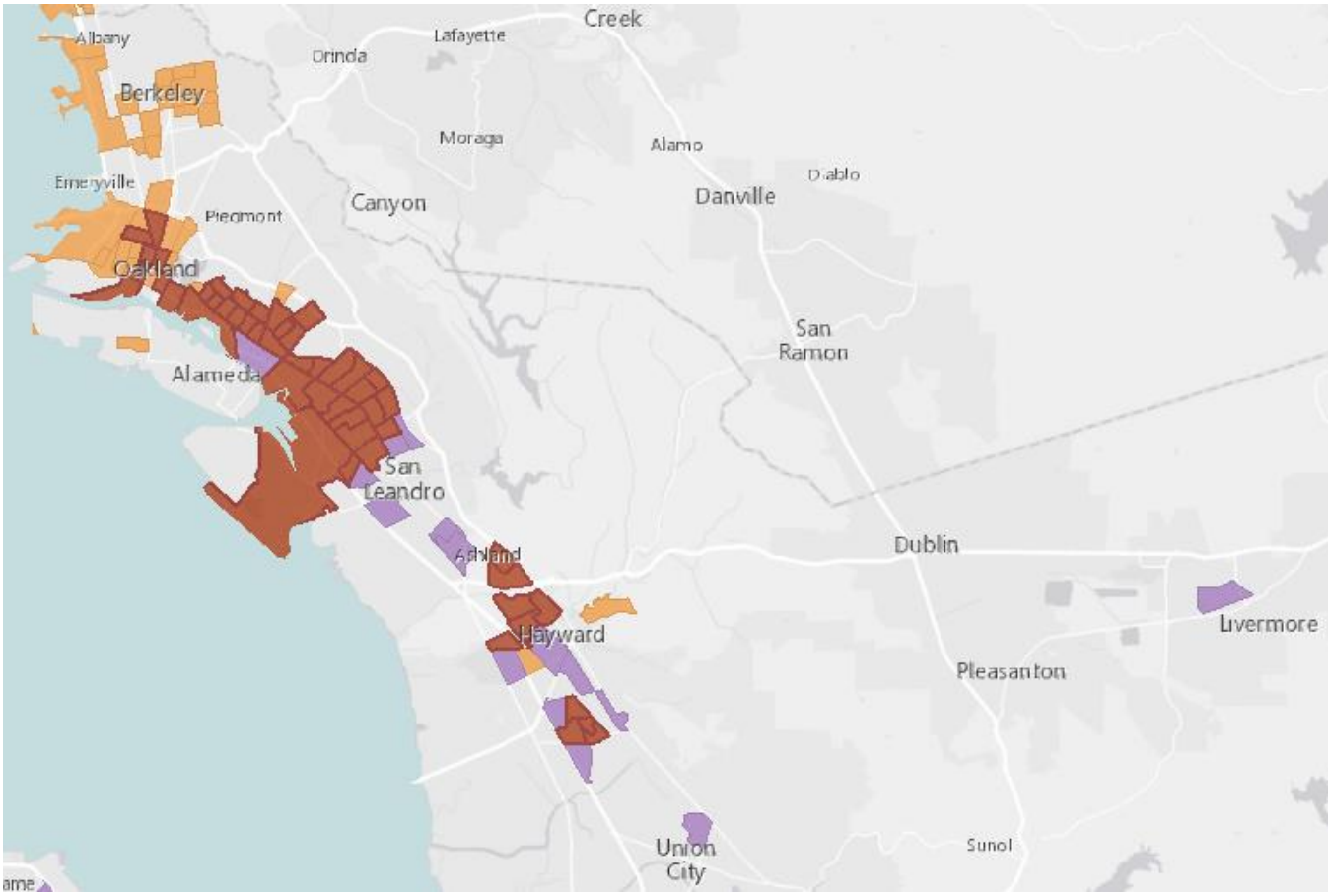
Social Determinants of Health

Two key social determinants, poverty and education, have a significant impact on health outcomes.

Alameda County

More than one in four Alameda County residents (27.8%) lives below 200% of the federal poverty level, and close to half (43.1%) of households are overburdened by housing costs (i.e., housing costs exceed 30% of total household income). The map below displays where vulnerable populations live by identifying where high concentrations of population living in poverty and population living without a high school diploma overlap. Data are from the U.S. Census Bureau 2009-13 American Community Survey.

ALAMEDA COUNTY VULNERABILITY FOOTPRINT



Source: University of Missouri, Center for Applied Research and Environmental Systems (CARES).

The orange shading shows areas where the percentage of population living at-or-below 100% of the Federal Poverty Level (FPL) exceeds 25%. The purple shading shows areas where the percentage of the population with no high school diploma exceeds 25%. Educational attainment is determined for all non-institutionalized persons age 25 and older. Dark red areas indicate that the census tract is above these thresholds (worse) for both educational attainment and poverty.

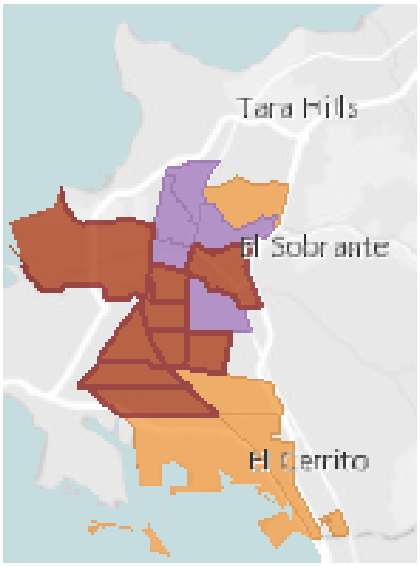
Close to half (43.9%) of the children in Alameda County are eligible for Free & Reduced-Price lunch (NCES Common Core of Data 2013-14), while nearly one in six children (15.7%) lives in a household with income below 100% of the federal poverty level (FPL) (U.S. Census Bureau, American Community Survey, 2009-2013). Over one in ten people (12.6%) in the community are uninsured (U.S. Census Bureau, American Community Survey, 2009-2013).

Contra Costa County

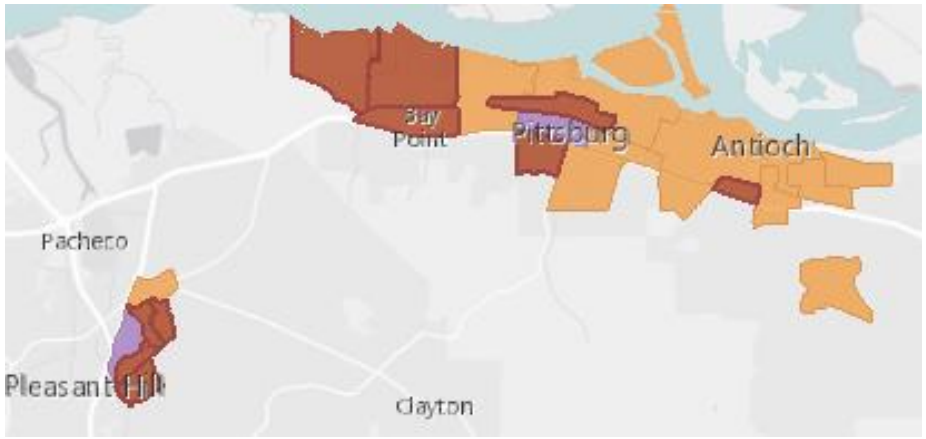
Nearly one in four Contra Costa County residents (24.6%) lives below 200% of the FPL, and close to half (43.5%) of households are overburdened by housing costs (i.e., housing costs exceed 30% of total household income). The map below displays where vulnerable populations live by identifying where high concentrations of population living in poverty and population living without a high school diploma overlap. Data are from the U.S. Census Bureau 2009-13 American Community Survey.

CONTRA COSTA COUNTY VULNERABILITY FOOTPRINT

West Contra Costa County



East/Central Contra Costa County



Source: University of Missouri, Center for Applied Research and Environmental Systems (CARES).

Note that the parts of the county not shown were identified as areas with less vulnerability. See previous page for information on color-coding.

Two in five (40.2%) of the children in Contra Costa County are eligible for Free & Reduced-Price lunch (NCES Common Core of Data 2013-14), while nearly one in seven children (13.8%) lives in a household with income below 100% of the FPL (U.S. Census Bureau, American Community Survey, 2009-2013). Over one in ten people (11.9%) in the community are uninsured (U.S. Census Bureau, American Community Survey, 2009-2013).

Map of Community Served

Source: University of Missouri, Center for Applied Research and Environmental Systems (CARES).

5. ASSESSMENT TEAM

Hospitals & Other Partner Organizations

Community benefit managers from twelve local hospitals in Alameda and Contra Costa Counties ("the Hospitals") contracted with Applied Survey Research in 2015 to conduct the Community Health Needs Assessment in 2016. The Hospitals were comprised of:

- UCSF Benioff Children's Hospital Oakland
- John Muir Health
- Kaiser Permanente Diablo (Antioch and Walnut Creek hospitals)
- Kaiser Permanente East Bay (Oakland and Richmond hospitals)
- Kaiser Permanente Greater Southern Alameda (Fremont and San Leandro hospitals)
- St. Rose Hospital
- San Ramon Regional Hospital
- Stanford Health Care – ValleyCare
- Washington Hospital Healthcare System

Identity & Qualifications of Consultants

The community health needs assessment was completed by Applied Survey Research (ASR), a nonprofit social research firm. For this assessment ASR conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the process of identification of community health needs and assets, and documented the process and findings into a report.

ASR was uniquely suited to provide the Hospitals with consulting services relevant to conducting the CHNA. The team that participated in the work –Dr. Jennifer van Stelle, Abigail Stevens, Angie Aguirre, Samantha Green, Martine Watkins, Melanie Espino, James Connery, Christina Connery, Emmeline Taylor, and sub-contractors Dr. Julie Absey, Robin Dean, Lynn Baskett, and Nancy Ducos – brought together diverse, complementary skill sets and various schools of thought (public health, anthropology, sociology, social ethics, psychology, education, public affairs, healthcare administration, and public policy).

In addition to their research and academic credentials, the ASR team has a 35-year history of working with vulnerable and underserved populations including young children, teen mothers, seniors, low-income families, immigrant families, families who have experienced domestic violence and child maltreatment, the homeless, and children and families with disabilities.

ASR's expertise in community assessments is well-recognized. ASR won a first place award in 2007 for having the best community assessment project in the country. They accomplish successful assessments by using mixed research methods to help understand the needs in

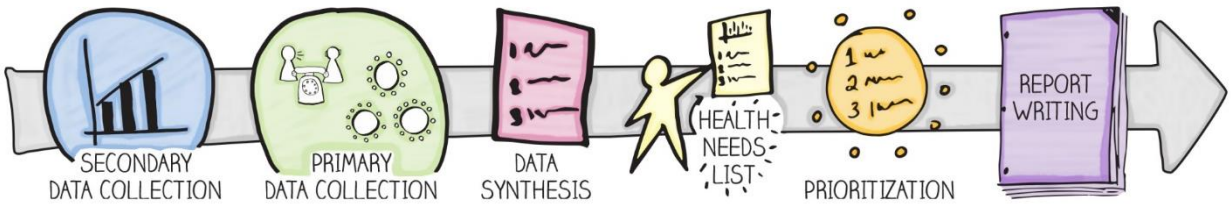
question and by putting the research into action through designing and facilitating strategic planning efforts with stakeholders.

Communities recently assessed by ASR include Arizona (six regions), Alaska (three regions), the San Francisco Bay Area including San Mateo, Santa Clara, Alameda, Contra Costa, Santa Cruz, and Monterey Counties, San Luis Obispo County, the Central Valley area including Stanislaus and San Joaquin Counties, Marin County, Nevada County, Pajaro Valley, and Solano and Napa Counties.

6. Process & Methods

The Hospitals worked in collaboration on the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over five months and culminated in this report written for the Hospitals in spring of 2016.

Alameda and Contra Costa Counties – Hospitals' CHNA Process



Primary Qualitative Data (Community Input)

The Hospitals contracted with Applied Survey Research (ASR) to conduct the primary research. They used three strategies for collecting community input: key informant interviews with health experts, focus groups with professionals, and focus groups with residents.

Each group and interview was recorded and summarized as a stand-alone piece of data. When all groups had been conducted, the team used qualitative research software tools to analyze the information and tabulated all health needs that were mentioned, along with health drivers discussed. ASR then made a list of all of the conditions that had been mentioned by a focus group or key informant, counted how many groups or informants listed the conditions, and how many times they had been prioritized by a focus group.

Community Leader Input

In all, ASR consulted with 94 community representatives of various organizations and sectors. These representatives either work in the health field or improve health conditions by serving those from the target populations. In the list below, the number in parentheses indicates the number of participants from each sector.

- County/City Public Health (11)
- Other health centers or systems (27)
- Mental/Behavioral health or violence prevention providers (17)
- School system representatives (10)
- City or county government representatives (2)
- Nonprofit agencies providing basic needs (4)
- Other nonprofit agencies serving children, seniors, veterans, and/or families (23)

See Attachment 5 for the titles and expertise of key stakeholders along with the date and mode of consultation (focus group or key informant interview).

See Attachment 6 for key informant interview and focus group protocols.

Key Informant Interviews

ASR conducted primary research via key informant interviews with 52 Alameda and Contra Costa County experts from various organizations. Between June and October 2015, experts including the public health officers, community clinic managers, and clinicians were consulted. These experts had countywide experience and expertise.

Experts were interviewed in person or by telephone for approximately one hour. Informants were asked to identify the top needs of their constituencies, including specific groups or areas with greater or special needs; how access to healthcare has changed in the post-Affordable Care Act environment; drivers of the health needs they identified and barriers to health; and suggested solutions for the health needs they identified, including existing or needed resources.

Stakeholder Focus Groups

Six focus groups with stakeholders were conducted between August and October 2015. The discussion centered around four sets of questions, which were modified appropriately for the audience. The discussion included questions about the community's top health needs, the drivers of those needs, health care access and barriers thereto, and assets and resources that exist or are needed to address the community's top health needs, including policies, programs, etc.

Details of Focus Groups with Professionals

Focus	Focus Group Host/Partner	Date	Number of Participants
Mental health	National Alliance on Mental Illness	08/20/15	8
Medically underserved	UCSF Benioff Children's Hospital Oakland	09/02/15	9
Minority (Asian)	Washington Hospital	09/02/15	8
Medically underserved, low-income, minority	Pittsburgh Health Center / La Clinica de La Raza	09/08/15	6
Veterans	U.S. Department of Veterans Affairs, Oakland Vet Center	09/23/15	10

Focus	Focus Group Host/Partner	Date	Number of Participants
Children	Contra Costa County Child Care Council (CCCCC)	09/28/15	9

Please see Attachment 5 for a full list of community leaders/stakeholders consulted and their credentials.

Resident Input

Resident focus groups were conducted between August and October 2015. The discussion centered around four sets of questions, which were modified appropriately for the audience. The discussion included questions about the community's top health needs, the drivers of those needs, the community's experience of health care access and barriers thereto, and assets and resources that exist or are needed to address the community's top health needs.

In order to provide a voice to the community it serves in Alameda and Contra Costa Counties, the study team targeted participants who were medically underserved, in poverty, and/or socially or linguistically isolated. Seven focus groups were held with community members.

These resident groups were planned in various geographic locations around the counties. Residents were recruited by nonprofit hosts, such as Centro De Servicios, who serves uninsured residents.

Details of Focus Groups with Residents

Population Focus	Focus Group Host/Partner	Date	Number of Participants
Medically underserved, low-income	Monument Crisis Center	08/24/15	11
Low-income, minority (African American)	Pittsburg High School African American Parent Group (PAAACT)	08/27/15	7
Medically underserved, low-income	Open Heart Kitchen	09/02/15	12
Spanish-speaking minority (Latino), low-income	First FIVE Contra Costa County	09/03/15	11

Population Focus	Focus Group Host/Partner	Date	Number of Participants
Caregivers	Alameda County Care Alliance	09/10/15	6
Immigrant population	Centro De Servicios	09/18/15	10
Spanish-speaking minority (Latino), low-income, youth	UCSF Benioff Children's Hospital Oakland	10/14/15	14

2016 Resident Participant Demographics

Seventy-one community members participated in the focus group discussions across the two counties. All participants were asked to complete an anonymous demographic survey, the results of which are reflected below.

- 99% of participants (70) completed a survey.
- 52% (36) of participants were Latino. 23% were Black, 19% were White, and 6% reported another ethnicity (Asian, Native Hawaiian/Pacific Islander, or multiracial).
- 25% (15) were under 20 years old, and 21% were 60 years or older.
- 9% (6) were uninsured, while 67% had benefits through Medi-Cal, Medicare, or Health Kids/Healthy Families public health insurance program.
- Residents lived in various areas of the counties: Concord (14), Hayward (10), Livermore (9), Oakland and Pittsburg (8 each), Antioch (5), Baypoint, Pleasanton, and Union City (2 each), Berkeley, Cherryland, Fremont, Newark (1 each), and other unidentified parts of the counties (6).
- 82% (49) reported having an annual household income of under $45,000 per year which is below the 2014 California Self-Sufficiency Standard[11] for [both] Alameda County [and/or] Contra Costa County for two adults with *no* children (Alameda County $38,817; Contra Costa County $38,169). Almost half (48%) earned under $25,000 per year, which is below Federal Poverty Level for a family of four. This demonstrates a high level of need among participants in an area where the cost of living is extremely high compared to other areas of California.

Secondary Quantitative Data Collection

ASR analyzed over 150 health indicators to assist the Hospitals with understanding the health needs in Alameda and Contra Costa Counties and prioritizing them. Data from existing sources were collected using the Community Commons data platform customized for

[11] The Insight Center for Community Economic Development. Retrieved July 2015 from www.insightcced.org.

Kaiser Permanente, the UCLA data platform for the California Health Interview Survey (AskCHIS), and other online sources. In addition, ASR collected data from the Alameda County Public Health Department, Contra Costa County Health Services, and the City of Berkeley Public Health Division.

As a further framework for the assessment, the Hospitals requested that ASR address the following questions in its analysis:

- How do these indicators perform against accepted benchmarks (Healthy People 2020, statewide and national averages)?
- Are there disparate outcomes and conditions for people in the community?

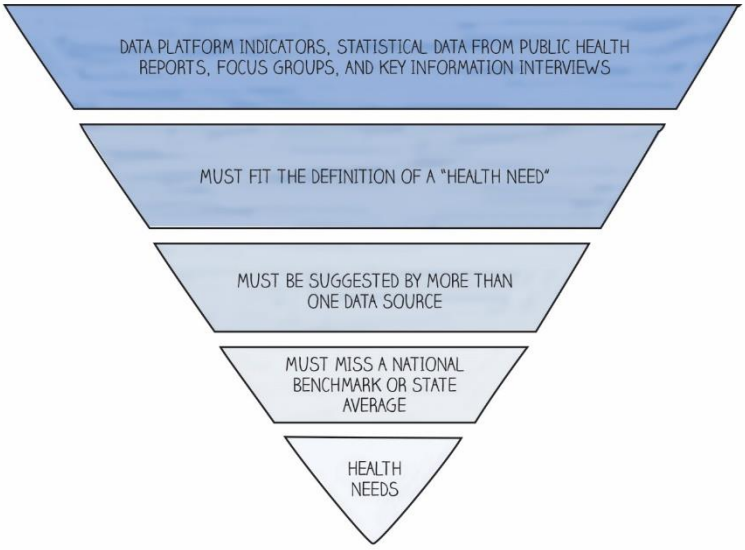
Information Gaps & Limitations

ASR and the Hospitals were limited in their ability to assess some of the identified community health needs due to a lack of secondary data. Such limitations included data on sub-populations, such as foreign born, the LGBTQ population, and incarcerated individuals. Health topics in which data are limited include: bullying, substance abuse (particularly, use of illegal drugs and misuse of prescription medication), use of e-cigarettes and related behaviors such as vaping, dental health (particularly dental caries), consumption of sugar-sweetened beverages (SSBs), elder health, disabilities, flu vaccines, quality of life and stressors, police-associated violence, human trafficking, discrimination and perceptions related to race, sexual behaviors, and extended data on breastfeeding.

7. Identification & Prioritization of Community Health Needs

To identify the community's health needs, ASR and the Hospitals followed these steps:

1. Gathered data on 150+ health indicators using the Community Commons platform[12], public health department reports, Healthy People 2020 objectives, and qualitative data. See Attachment 3 for a list of indicators on which data were gathered.



2. Narrowed the list to "health needs" by applying criteria.

3. Used criteria to prioritize the health needs.

These steps are further defined below.

Identification of Community Health Needs

As described in Section 5, a wide variety of experts and community members were consulted about the health of the community. Community members were frank and forthcoming about their personal experiences with health challenges and their perceptions about the needs of their families and community.

Collectively, they identified a diverse set of health conditions and demonstrated a clear understanding of the health behaviors and other drivers (environmental and clinical) that affect the health outcomes. They spoke about prevention, access to care, clinical practices that work and don't work, and their overall perceptions of the community's health.

[12] Powered by University of Missouri's Center for Applied Research and Environmental System (CARES) system, found at www.communitycommons.org

In order to generate a list of health needs, ASR used a spreadsheet (known as the "data culling tool") to list indicator data and evaluate whether they were "health needs." The indicator data collected included Community Commons web platform data, secondary data from city and county public health department reports, and qualitative data from focus groups and key informant interviews.

In order to be categorized as a prioritized community health need, all four of the following criteria needed to be met:

1. The issue must fit the definition of a "health need."
2. The issue is suggested or confirmed by more than one source of secondary and/or primary data.
3. At least one related indicator performs poorly against the Healthy People 2020 ("HP2020") benchmark or, if no HP2020 benchmark exists, against the state average; **if no secondary data are available**, the need must meet a minimum threshold of mentions (in at least one-third of key informant interviews and focus groups).
4. The issue must be relevant to most children. For example, climate was identified as a prioritized community health need, but cancer was not.

DEFINITIONS

Health **condition:** A disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome.

Health **driver:** A behavioral, environmental, or clinical care factor, or a more upstream social or economic factor that impacts health.

Health **need:** A poor health *outcome* and its associated health *driver*, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.

Health **outcome:** A snapshot of diseases in a community that can be described in terms of both morbidity (quality of life) and mortality.

Health **indicator:** A characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly).

A total of 12 health conditions or drivers fit all four criteria and were retained as community health needs. The list of needs, in priority order, is found in the table below. Details of the prioritization process are found after the table.

Summarized Descriptions of UCSF Benioff Children's Hospital Oakland Health Needs (2016)

Health need	Why is it important?	What do the data show?
Primary Priority Health Needs (in alphabetical order)		
Economic security	Research has increasingly shown how strongly social and economic conditions determine population health and differences in health among subgroups, much more so	The percentage of Children's service area residents who experienced food insecurity at some point during the year is higher than the Healthy People 2020 (HP2020) objective. There are

Health need	Why is it important?	What do the data show?
	than medical care. For example, research shows that poverty in childhood has long-lasting effects limiting life expectancy and worsening health for the rest of the child's life, even if social conditions subsequently improve.	consistently higher proportions of Black and Latino families with children in Children's service area who are poor or likely to be poor. The community is concerned about academic, economic, and social barriers that exist for people of color, and that jobs are not paying living wages.
Healthcare access & delivery, including primary & specialty care	Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Components of access to care include: insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include: quality, transparency, and cultural competence. Limited access to health care and compromised healthcare delivery impact people's ability to reach their full potential, negatively affecting their quality of life.	Compared to the state average, Children's service area residents face higher rates of preventable hospital events. In Contra Costa County, Blacks and Latinos are more likely to lack a consistent source of primary care when compared to Whites. Community feedback indicates that barriers to accessing services include negative experiences with service providers, lack of provider cultural diversity, cost, and lack of reliable transportation.
Maternal and infant health	The topic area of maternal and child health addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families. Data indicators that measure progress in this area include low birthweight, infant mortality, teen births, breastfeeding, and access to prenatal care. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.	The percentage of low birthweight babies is slightly worse in Children's service area than the state average, but better than the HP2020 goal. In addition, infant mortality and breastfeeding rates indicate that compared to other racial/ethnic groups in Children's service area, Black women and babies are doing worse than their White, Latino, and Asian counterparts. The community is concerned about the effects of trauma on children and the additional pressure that children are facing to perform in all areas of their lives.

Health need	Why is it important?	What do the data show?
Mental health	Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. It is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health plays a major role in people's ability to maintain good physical health, and conversely, problems with physical health can have a serious impact on mental health.	The rate of suicide in Contra Costa County is higher than the national benchmark, and the rate of severe mental illness emergencies in Alameda County is substantially higher than the state average. Data also show that ethnic disparities in mental health exist for residents in Children's service area. The community is concerned about the range of issues that adolescents face and the lack of mental health service providers trained to work with children, especially children with trauma.
Secondary Priority Health Needs (in alphabetical order)		
Asthma	Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life-threatening. Risk factors for asthma currently being investigated include having a parent with asthma; sensitization to irritants and allergens; respiratory infections in childhood; and overweight. Asthma is considered a significant public health burden and its prevalence has been rising since 1980.	Among children and teens in Alameda and Contra Costa Counties, asthma rates and asthma hospitalization rates are higher than the state average. Black children are hospitalized for asthma-related incidents at rates that are three or more times higher than any other racial/ethnic group in both counties. There is concern with how communities without a hospital nearby will manage the chronic disease and concern about certain neighborhoods that have even higher rates of asthma than the counties.
Climate and health	Maintaining a healthy environment is central to increasing quality of life and years of healthy life. Globally, almost 25% of all deaths and the total disease burden can be attributed to environmental factors, including exposure to hazardous substances in the air, water, soil, and food, the built environment, natural and technological disasters, and physical	There was a higher percentage of days in which air quality (particulate matter) standards were exceeded compared to the state average, and a much higher percentage of residents were without access to air conditioning compared to the state average. The tree canopy cover rates and road network density rates in both counties are also worse than

Health need	Why is it important?	What do the data show?
	hazards. An emerging issue in environmental health is climate health, which is projected to impact sea level, patterns of communicable disease, air quality, and the severity of natural disasters such as floods, droughts, and storms.	the state. The community is concerned with poor air quality and that there is not the infrastructure to deal with an extremely hot climate.
Communicable diseases, including STIs	Communicable diseases are diseases that are primarily transmitted through direct contact with an infected individual or their discharge (such as blood or semen). Communicable diseases remain a major cause of illness, disability, and death. People in the United States continue to get diseases that are vaccine preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection.	There is contention in the community about childhood immunization, while pertussis cases in both counties more than tripled between 2013 and 2014. In addition, Berkeley's child immunization rates are lower than the state. Community feedback indicates that adolescents need more sexual health education and that there is concern about unsafe sexual activity among Blacks.
Obesity, diabetes, and nutrition	Healthy diets and achievement and maintenance of healthy body weights reduce the risk of chronic diseases and promote health. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities. Creating and supporting healthy food and physical environments allows people to make healthier choices and live healthier lives.	Youth in Children's service area fall below the HP2020 goals for eating right and exercising, and overweight and obesity rates are higher than they should be. Latino and Black youth are more likely to be overweight and obese and be considered physically inactive than White and Asian youth, but are also more likely to consume more fruits and vegetables. Community feedback indicates that barriers to youth eating more healthy foods include lack of access and cost of healthier foods, lack of transportation to the supermarket, and easier access to cheap fast food. Lack of access to recreational activities that are affordable and convenient contributes to youth not exercising enough.

Health need	Why is it important?	What do the data show?
Oral/dental health	Oral health is essential to overall health. Oral diseases, from cavities to oral cancer, cause pain and disability. Health behaviors that can lead to poor oral health include tobacco use, excessive alcohol use, poor oral self-care, and poor dietary choices. Barriers that can limit a person's use of preventive interventions and treatments include limited access to and availability of dental services, lack of awareness of the need for care, cost, and fear of dental procedures.	Alameda County has a lower percentage of children who visited a dentist in the past year compared to the state average, and Contra Costa County has a higher percentage of children who missed school days due to a dental problem compared to the state. The community is concerned that parents are not taking their children to the dentist for preventative care and have concerns about the lack of oral health care requirements at school.
Substance abuse, including alcohol, tobacco, and other drugs	Substance abuse has a major impact on individuals, families, and communities. For example, smoking and tobacco use cause many diseases, such as cancer, heart disease, and respiratory diseases. Substance abuse is now understood as a disorder that can develop into a chronic illness for some individuals. The effects of substance abuse contribute to costly social, physical, mental, and public health problems. These problems include, but are not limited, to teenage pregnancy, domestic violence, child abuse, motor vehicle crashes, HIV/AIDS, crime, and suicide.	Data show that some residents in Alameda and Contra Costa County have greater access to alcohol and are visiting the Emergency Room more frequently due to substance abuse than the state average. The community is concerned about the prevalence of drug use and the accessibility of alcohol among youth.
Unintentional injuries	Unintentional injuries are defined as those not purposely inflicted, and they are most often the result of accidents. The most common unintentional injuries result from motor vehicle crashes, falls, poisonings, suffocations, and drowning. Although most unintentional injuries are predictable and preventable, they are a major cause of premature death and lifelong disability. More individuals ages 15-44 die as a result	Both Alameda and Contra Costa Counties have pedestrian accident mortality rates that are higher than the HP2020 target. Blacks have higher rates of unintentional injury deaths in both counties. Community input focused on unintentional injuries among older adults more so than among children.

Health need	Why is it important?	What do the data show?
	of unintentional injuries than from any other cause. Unintentional injury is the fifth leading cause of death for all ages both in the U.S. and California.	
Violence and injury prevention	Violence and intentional injury contributes to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse disorders, anxiety, reproductive health problems, and suicidal behavior. Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. Witnessing and experiencing violence in a community can cause long term behavioral and emotional problems in youth.	The homicide mortality rate and rates of non-fatal ER visits for injury due to assault and domestic violence are all higher than state averages. In addition, data in both Alameda and Contra Costa Counties show that youth intentional injury rates (including attempted suicide) and school suspension rates are higher than the state. Racial and ethnic disparities exist, with the homicide mortality rate for Blacks several times higher than that of other racial/ethnic groups. The community is concerned about the safety of children due to violence related to gangs and drugs, especially among the Black and Latino communities. Community concerns also arose around lack of trust with the police, and with respect to higher levels of violence in certain areas like East Oakland, West Oakland, and Richmond.

For further details, please consult the Health Needs Profiles appended to this report as Attachment 9.

Prioritization of Health Needs

Before beginning the prioritization process, Children's chose the following criteria to use in prioritizing the list of health needs:

- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, language, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Prevention opportunity:** This indicates that the health outcome may be improved by providing prevention or early intervention strategies.

- **Community priority:** The community prioritizes the issue over other issues on which it has expressed concern, either through prior studies, forums, or CHNA primary data collection.

Using these criteria, the seven members of Children's Center for Community Health and Engagement, which oversees the Community Health Needs Assessment, voted on the health needs they thought were of highest priority. The four health needs with the most votes are presented in this report as primary priority, and the remaining health needs are presented as secondary priority.

List of Prioritized Needs

Rank	Health Need
Primary Priority	Economic Security
	Healthcare Access & Delivery, Including Primary & Specialty Care
	Maternal & Child Health
	Mental Health
Secondary Priority	Asthma
	Climate and Health
	Communicable Diseases
	Obesity, Diabetes, Nutrition
	Oral/Dental Health
	Substance Abuse (Alcohol, Tobacco, and Other Drugs)
	Unintentional Injuries
	Violence/Injury Prevention

8. CONCLUSION

The Hospitals worked in collaboration to meet the requirements of the federally required CHNA by pooling expertise, guidance, and resources for a shared assessment. By gathering secondary data and doing new primary research as a team, the Hospitals were able to collectively understand the community's perception of health needs and prioritize health needs with an understanding of how each compares against benchmarks.

After making this CHNA report publicly available in 2016, each hospital will develop individual implementation plans based on this shared data.

9. LIST OF ATTACHMENTS (FOR MORE INFORMATION, VISIT http://www.childrenshospitaloakland.org/main/community-benefit-reports.aspx)

1. Glossary
2. Secondary Data Sources
3. Indicator List
4. 2013 Implementation Strategy Evaluation of Impact, by Health Need
5. Persons Representing the Broad Interests of the Community
6. CHNA Qualitative Data Collection Protocols
7. Community Assets and Resources
8. IRS Checklist
9. Health Needs Profiles

Attachment 1: Glossary

Abbreviation	Term	Description/Notes
AC	Alameda County	
BRFSS	Behavioral Risk Factor Surveillance System	Survey implemented by CDC
CA	California	
CCC	Contra Costa County	
CDC	Centers for Disease Control and Prevention	
CDE	California Department of Education	
CDHS	California Department of Health Services	
CDPH	California Department of Public Health	
CHNA	Community Health Needs Assessment	
DHHS	United States Department of Health and Human Services	
DV	Domestic violence	
FPL	Federal poverty level	An annual metric of income levels determined by DHHS.
HIV	Human immunodeficiency virus	Sexually transmitted virus that can lead to AIDS.
HP2020	Healthy People 2020	National, 10-year aspirational benchmarks set by federal agencies & finalized by a federal interagency workgroup under the auspices of the U.S. Office of Disease Prevention and Health Promotion, managed by DHHS.
HUD	United States Department of Housing and Urban Development	

LGBTQI	Lesbian/ Gay/ Bisexual/ Transgender/ Questioning/ Intersex
PHD	Public health department

Attachment 2: Secondary Data Sources

1. Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
2. Alameda County Public Health Department. http://www.healthyalamedacounty.org/ . Various.
3. California Department of Education. 2012-2013.
4. California Department of Education. 2013.
5. California Department of Education, FITNESSGRAM®; Physical Fitness Testing. 2013-2014.
6. California Department of Public Health, CDPH – Birth Profiles by ZIP Code. 2011.
7. California Department of Public Health, CDPH – Breastfeeding Statistics. 2012.
8. California Department of Public Health, CDPH – Death Public Use Data. University of Missouri, Center for Applied Research and Environmental Systems. 2010-2012.
9. California Department of Public Health, CDPH – Tracking. 2005-2012.
10. California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2011.
11. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2010.
12. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2012.
13. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011-2012.
14. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2005-2009.
15. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012.
16. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
17. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2010.
18. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2012.
19. Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.
20. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2006-2010.

21. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2007-2010.
22. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2007-2011.
23. Centers for Disease Control and Prevention, National Vital Statistics System. University of Wisconsin Population Health Institute, County Health Rankings. 2008-2010.
24. Centers for Disease Control and Prevention, National Vital Statistics System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012.
25. Centers for Medicare and Medicaid Services. 2012.
26. Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. 2011-2012.
27. City of Berkeley Public Health Division. Health Status Report. 2013.
28. Contra Costa Health Services and Hospital Council of Northern and Central California. Community Health Indicators for Contra Costa County. 2010.
29. Dartmouth College Institute for Health Policy & Clinical Practice. Dartmouth Atlas of Health Care. 2012.
30. Environmental Protection Agency, EPA Smart Location Database. 2011.
31. Federal Bureau of Investigation, FBI Uniform Crime Reports. 2010-2012.
32. Feeding America. 2012.
33. Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2011.
34. National Center for Education Statistics, NCES – Common Core of Data. 2012-2013.
35. National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). 2014.
36. New America Foundation, Federal Education Budget Project. 2011.
37. Nielsen, Nielsen Site Reports. 2014.
38. State Cancer Profiles. National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. 2007-2011.
39. University of California Center for Health Policy Research, California Health Interview Survey. 2009.
40. University of California Center for Health Policy Research, California Health Interview Survey. 2012.
41. University of California Los Angeles (UCLA) Center for Health Policy Research. AskCHIS Neighborhood Edition. 2015.
42. University of California Los Angeles (UCLA) Center for Health Policy Research. AskCHIS. 2015.
43. University of Wisconsin Population Health Institute, County Health Rankings. 2012-2013.
44. University of Wisconsin Population Health Institute, County Health Rankings. 2014.
45. US Census Bureau, American Community Survey. 2009-2013.
46. US Census Bureau, American Housing Survey. 2011, 2013.
47. US Census Bureau, County Business Patterns. 2011.

48. US Census Bureau, County Business Patterns. 2012.
49. US Census Bureau, County Business Patterns. 2013.
50. US Census Bureau, Decennial Census. 2000-2010.
51. US Census Bureau, Decennial Census, ESRI Map Gallery. 2010.
52. US Census Bureau, Small Area Income & Poverty Estimates. 2010.
53. US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2010.
54. US Department of Agriculture, Economic Research Service, USDA – Food Environment Atlas. 2011.
55. US Department of Agriculture, Economic Research Service, USDA – Child Nutrition Program. 2013.
56. US Department of Education, EDFacts. 2011-2012.
57. US Department of Health & Human Services, Administration for Children and Families. 2014.
58. US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. June 2014.
59. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.
60. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.
61. US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015.
62. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, HealthyPeople.gov, Healthy People 2020. http://www.healthypeople.gov/ . 2015.
63. US Department of Housing and Urban Development. 2013.
64. US Department of Labor, Bureau of Labor Statistics. June 2015.
65. US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2013.
66. US Drought Monitor. 2012-2014

Attachment 3: List of Indicators on Which Data Were Gathered

Indicator Variable	Data Source
Age 0-4 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 18-24 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 25-34 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 35-44 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 45-54 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 5-17 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 55-64 (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Age 65+ (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures	Nielsen, Nielsen Site Reports. 2014.
Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
Assault Injuries Rate (per 100,000 Population)	California EpiCenter data platform for Overall Injury Surveillance. 2011-13.
Assault Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.

Asthma Hospitalizations Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data, additional data analysis by CARES, 2011, **and** Alameda County Public Health Department. Alameda County Health Data Profile, 2014, **and** Contra Costa Health Services and Hospital Council of Northern and Central California, 2010, Community Health Indicators for Contra Costa County.
Asthma Prevalence (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.
Average Daily School Breakfast Program Participation Rate	US Department of Agriculture, Food and Nutrition Service, USDA - Child Nutrition Program. 2013.
Average Number of Mentally Unhealthy Days per Month	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006-12.
BMI > 30.0 Prevalence (Obese) (Percentage, Adults)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
Breast Cancer Deaths (Rate per 100,000 (age-adjusted))	Contra Costa Health Services and Hospital Council of Northern and Central California. 2010. Community Health Indicators for Contra Costa County.
Cancer, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
Childhood (0-14) Asthma Hospitalization Rate (per 100,000 (age-adjusted))	Contra Costa Health Services and Hospital Council of Northern and Central California. 2010. Community Health Indicators for Contra Costa County.
Children and Teens with Asthma (1-17) (Percentage)	Alameda County Public Health Department. Alameda County Health Data Profile, 2014, **and** Contra Costa Health Services and Hospital Council of Northern and Central California, 2010, Community Health Indicators for Contra Costa County.
Children Who Visited Dentist Within Past 12 Months (Percentage)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Chlamydia Infection Rate (Per 100,000 Pop.)	US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2012.
Cigarette Expenditures, Percentage of Total Household Expenditures	Nielsen, Nielsen Site Reports. 2014.
Colorectal Cancer Deaths Rate (per 100,000 (age-adjusted))	Contra Costa Health Services and Hospital Council of Northern and Central California. 2010. Community Health Indicators for Contra Costa County.

Coronary Heart Disease Hospitalization Rate (per 100,000 (age-adjusted))	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Dentists, Rate (per 100,000 Pop.)	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.
Depression (Percentage, Medicare Beneficiaries)	Centers for Medicare, and, Medicaid, Services. 2012.
Diabetes Hospitalizations Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.
Diagnosed Diabetes Prevalence (Age-Adjusted) (Percentage, Adults)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012, and Alameda County Public Health Department, Alameda County Health Data Profile, 2014, **and** Contra Costa Health Services and Hospital Council of Northern and Central California, 2010, Community Health Indicators for Contra Costa County.
Disability (Percentage, Population)	US Census Bureau, American Community Survey. 2009-13.
Domestic Violence Injuries Rate (per 100,000 Population (Females Age 10+))	California EpiCenter data platform for Overall Injury Surveillance. 2011-13.
Drought Weeks (Any) (Percentage)	US, Drought, Monitor. 2012-14.
Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Fast Food Restaurants, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011.
Federally Qualified Health Centers, Rate (per 100,000 Population)	US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. June 2014.
Female Population (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Food Insecurity (Percentage, Population)	Feeding, America. 2012.
Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures	Nielsen, Nielsen Site Reports. 2014.
Full Immunization at 24	Contra Costa Health Services and Hospital Council of

Months (Percentage)	Northern and Central California. 2010. Community Health Indicators for Contra Costa County.
Gini Index Value (Income Inequality)	US Census Bureau, American Community Survey. 2009-13.
Grade 4 ELA Test Score Not Proficient (Percentage)	California, Department of Education., 2012-13.
Grocery Stores, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011.
Head Start Programs Rate (Per 10,000 Children Under Age 5)	US Department of Health & Human Services, Administration for Children and Families. 2014.
Heart Disease Prevalence (Percentage, Adults)	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.
Heart Disease, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
Heat-related Emergency Department Visits, Rate (per 100,000 Population)	California Department of Public Health, CDPH - Tracking. 2005-12.
Hemoglobin A1c Test, Annual (Percentage, Medicare Enrollees with Diabetes)	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.
High Blood Pressure and Not Taking Medication (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.
High Blood Pressure Prevalence (Percentage)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
High School Cohort Graduation Rate	California, Department of Education. 2013.
Hispanic or Latino (Percentage)	US Census Bureau, American Community Survey. 2009-13.
HIV Hospitalizations Age-Adjusted Discharge Rate (per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.
Homicide, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
Households where Housing Costs Exceed 30% of Income (Percentage)	US Census Bureau, American Community Survey. 2009-13.
HUD-Assisted Units, Rate (per 10,000 Housing Units)	US Department of Housing and Urban Development. 2013.
Inadequate Fruit / Vegetable Consumption (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of

	Health & Human Services, Health Indicators Warehouse. 2005-09.
Inadequate Fruit/Vegetable Consumption (percentage, Population Age 2-13)	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.
Income at or Below 200% FPL (Percentage, Population)	US Census Bureau, American Community Survey. 2009-13.
Infant Mortality Rate (Per 1, 000 Births)	Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10.
Insured Population Receiving Medicaid (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Intentional Injuries, Rate (per 100,000 Population (Youth Age 13 - 20))	California EpiCenter data platform for Overall Injury Surveillance. 2011-13.
Limited English Proficiency (Percentage, Population Age 5+)	US Census Bureau, American Community Survey. 2009-13.
Linguistically Isolated Population (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Liquor Stores, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012.
Live Within 1/2 Mile of a Park (Percentage, Population)	US Census Bureau, Decennial Census. ESRI Map Gallery. 2010.
Live within Half Mile of Public Transit (Percentage, Population)	Environmental Protection Agency, EPA Smart Location Database. 2011.
Living in a HPSA-Dental (Percentage, Population)	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015.
Living in a HPSA-Primary Care (Percentage, Population)	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015.
Living in Car Dependent (Almost Exclusively) Cities (Percentage)	Walk Score®. 2012.
Low Birth Weight Births (Percentage)	California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.
Low Food Access (Percentage, Population)	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.

Male Population (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Mammogram in Past 2 Year (Percentage, Female Medicare Enrollees)	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.
Median Age	US Census Bureau, American Community Survey. 2009-13.
Mental Health Care Provider Rate (Per 100,000 Population)	University of Wisconsin Population Health Institute, County Health Rankings. 2014.
Missed School Days Due to Dental Problem (At Least One Day) (Percentage)	Contra Costa Health Services and Hospital Council of Northern and Central California. 2010. Community Health Indicators for Contra Costa County.
Mothers Breastfeeding (Any) (Percentage)	California Department of Public Health, CDPH - Breastfeeding Statistics. 2012.
Mothers Breastfeeding (Exclusively) (Percentage)	California Department of Public Health, CDPH - Breastfeeding Statistics. 2012.
Mothers with Late or No Prenatal Care (Percentage)	California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.
Motor Vehicle Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
Never Screened for HIV / AIDS (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.
No Air Conditioning (Percentage, Housing Units)	US Census Bureau, American Housing Survey. 2011, 2013.
No High School Diploma (Percentage, Population Age 25+)	US Census Bureau, American Community Survey. 2009-13.
No Leisure Time Physical Activity (Percentage, Population)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
No Motor Vehicle (Percentage, Households)	US Census Bureau, American Community Survey. 2009-13.
Obese Youth (Percentage, Students Tested)	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.
Obesity (Percentage, Adults)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012, and UCLA Center for Health Policy Research, AskCHIS, 2015.
Occupied Housing Units	US Census Bureau, American Community Survey. 2009-

with One or More Substandard Conditions (Percentage)	13.
Overweight (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.
Overweight Youth (Percentage, Students Tested)	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.
Ozone (03) - Days Exceeding Standards, Pop. Adjusted Average (Percentage)	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.
Particulate Matter 2.5 - Days Exceeding Standards, Pop. Adjusted Average	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.
Pedestrian Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
People Delayed or had Difficulty Obtaining Care (Percentage)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
People with a Usual Source of Health Care (Percentage)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Physically Inactive Youth (Percentage, Students Tested)	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.
Pneumonia Vaccination (Age-Adjusted) (Percentage, Population Age 65+)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Poor Dental Health (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.
Poor Mental Health (Percentage, Adults 18+)	University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.
Poor or Fair Health (Age-Adjusted) (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Population Change, 2000-2010 (Percentage)	US Census Bureau, Decennial Census. 2000 - 2010.
Population Density (Per	US Census Bureau, American Community Survey. 2009-

Square Mile)	13.
Population Weighted Percentage of Report Area Covered by Tree Canopy	Multi-Resolution Land Characteristics Consortium, National Land Cover Database 2011. Additional data analysis by CARES. 2011.
Population with HIV / AIDS, Rate (Per 100,000 Pop.)	US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2010.
Potentially Exposed to Unsafe Drinking Water (Percentage, Population)	University of Wisconsin Population Health Institute, County Health Rankings. 2012-13.
Poverty (Percentage, Population)	US Census Bureau, American Community Survey. 2009-13.
Poverty, Children (Percentage, Population Under Age 18)	US Census Bureau, American Community Survey. 2009-13.
Pre-School Enrollment (Percentage, Population Age 3-4)	US Census Bureau, American Community Survey. 2009-13.
Preventable Hospital Events Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.
Primary Care Physicians, Rate (per 100,000 Pop.)	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.
Rape Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.
Rate of Reported AIDS Cases (per 100,000)	Contra Costa Health Services and Hospital Council of Northern and Central California. 2010. Community Health Indicators for Contra Costa County.
Receiving SNAP Benefits (Percentage, Population)	US Census Bureau, Small Area Income & Poverty Estimates. 2011.
Recreation and Fitness Facilities, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012.
Regular Pap Test (Age-Adjusted) (Percentage, Adults Females Age 18+)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Robbery Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university

	Consortium for Political and Social Research. 2010-12.
School Expulsion Rate	California Department of Education, California Longitudinal Pupil Achievement Data System (CALPADS). 2013-14.
School Suspension Rate	California Department of Education, California Longitudinal Pupil Achievement Data System (CALPADS). 2013-14.
Screened for Colon Cancer (Age-Adjusted) (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Severe Mental Illness Related Emergency Department Visits (Rate per 100,000)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Smoking Cigarettes (Age-Adjusted) (Percentage, Population)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Soda Expenditures, Percentage of Total Food-At-Home Expenditures	Nielsen, Nielsen SiteReports. 2014.
Stroke, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
Students Eligible for Free or Reduced Price Lunch (Percentage)	National Center for Education Statistics, NCES - Common Core of Data. 2013-14.
Substance Use Emergency Department Visit Rate (Rate per 100,000 (age-adjusted))	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Suicide, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
Teen Birth Rate (Per 1, 000 Female Pop. Under Age 20)	California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.
Teens Who Engage in Regular Physical Activity (Percentage)	Alameda County Public Health Department. Alameda County Health Data Profile. 2014.
Total Road Network Density (Road Miles per Acre)	Environmental Protection Agency, EPA Smart Location Database. 2011.
Tuberculosis Incidence	Alameda County Public Health Department. Alameda

Rate (per 100,000)	County Health Data Profile. 2014.
Unable to Afford Dental Care, Youth (Percentage, Population Age 5-17)	University of California Center for Health Policy Research, California Health Interview Survey. 2009.
Unemployment Rate	US Department of Labor, Bureau of Labor Statistics. 2015 - June.
Uninsured Population (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Vacant Housing Units (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Violent Crime Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.
Walking or Biking to Work (Percentage, Aged 16+)	US Census Bureau, American Community Survey. 2009-13.
Walking/Skating/Biking to School (Percentage, Aged 5-17)	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.
Weather Observations with High Heat Index Values (Percentage)	National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). Accessed via CDC WONDER. Additional data analysis by CARES. 2014.
WIC-Authorized Food Stores, Rate (Per 100,000 Population)	US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011.
Without Adequate Social / Emotional Support (Age-Adjusted) (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
Without Dental Insurance (Percentage, Adults)	University of California Center for Health Policy Research, California Health Interview Survey. 2009.
Without Recent Dental Exam (Percentage, Adults)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.
Without Regular Doctor (Percentage, Total Population)	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.
Workers Commuting by Car, Alone (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Workers Commuting More than 60 Minutes (Percentage)	US Census Bureau, American Community Survey. 2009-13.
Years of Potential Life Lost, Rate (per 100,000 Population)	University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System.

	Accessed via CDC WONDER. 2008-10.
Youth Without Recent Dental Exam (Percentage)	University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.

Attachment 4: 2013 Implementation Strategy Evaluation of Impact, by Health Need

Goal	Objective	Description	Collaborators	Input(s)	Objective Met?	Impact
A: Expand access to health care	Objective (A.1): Increase the number of patients seen at UCSF Benioff Oakland's federally qualified health center (FQHC) primary care clinic at 5220 Claremont Avenue by 2016.	We planned to increase the number of patients served through targeted outreach to underserved families and providers in the general community, at UCSF Benioff Oakland as well as in populations served together with UCSF.	Kerry's Kids Alameda County Public Health Department Community Physicians Oakland Unified School District	Staff time	No. Objective not completed due to other emergent needs and priorities.	Not applicable
	Objective (A.2): Increase the number of patients seen for specialty care at UCSF Benioff Oakland's federally qualified health center (FQHC) at 5220 Claremont Avenue by 75 percent by 2016.	UCSF Benioff Oakland received approval from the federal government to begin having specialists see patients covered by Medi-Cal at its FQHC and bill at an FQHC rate. Approved specialties include endocrinology, neurology and nephrology. UCSF Benioff Oakland also obtained federal and state capital funding to renovate its clinic, which resulted in double the number of exam rooms. As next steps, we a) added additional subspecialties within the clinic, and b) increased the number of patients through targeted outreach to underserved families and providers.	UCSF Benioff Oakland UCSF Kaiser Permanente	Staff time	Yes	Increased number of patients seen for specialty care 75%. Added the following subspecialties to the clinic: • Gastroenterology • Pulmonary • Opthamology

Goal	Objective	Description	Collaborators	Input(s)	Objective Met?	Impact
B: Address social determinants of health as part of routine medical care	Objective (B.1): Establish a Family Information and Navigation Desk (FIND) at our FQHC.	The FIND desk in the primary care clinic follows a step-wise process to identify and address patients' social needs. During a regular visit, patients are screened for social needs (tobacco exposure, physical activity, food/nutrition, asthma, child care, housing, utilities, behavior and development, insurance and special needs) using a screening tool they complete. Issues are identified and prioritized by "Navigators." Based upon these priorities, intervention plans are created and resources are provided to patients. Navigators follow-up with patients over time to ensure unmet needs are resolved.	Mills College UCSF Department of Family and Community Medicine UC Berkeley Alameda County Food Bank Salesforce Regional Asthma Management and Prevention Initiative East Bay Regional Parks YMCA Alameda County Hospital SF General Hospital Pritzker Family Foundation UCSF SOM Information Services Unit.	$240,000 grant from Pritzker Family Foundation for Randomized Control Trial (RCT) of FIND. Funding supported staff time, navigator stipends, resource directory build, and EMR integration. $50,000 from Salesforce Foundation for application development. $200,000 from a private donor for application development and scale.	Yes	Resolved at least 1 unmet social need for intervention group in RCT. For intervention group, improved perception of child health outcomes. Across study high patient satisfaction rates. Universal screening for social determinants in primary care well-child checks.

Goal	Objective	Description	Collaborators	Input(s)	Objective Met?	Impact
	Objective (B.2): Establish a Family Information and Navigation Desk (FIND) at the UCSF Benioff Oakland Emergency Department (ED).	The FIND desk in the Emergency Department follows a similar trajectory to the FIND desk in primary care. ED patients are screened at registration for the social determinants of health using a mobile device. Patients who need support are referred by the physician to an ED-based navigator.	Mills College UCSF Department of Family and Community Medicine UC Berkeley Alameda County Food Bank Salesforce Regional Asthma Management and Prevention Initiative East Bay Regional Parks YMCA Alameda County Hospital SF General Hospital Pritzker Family Foundation UCSF School of Medicine Information Services Unit.	$240,000 grant from Pritzker Family Foundation for Randomized Control Trial (RCT) of FIND. Funding supported staff time, navigator stipends, resource directory build, and EMR integration. $50,000 from Salesforce Foundation for application development. $200,000 from a private donor for application development and scale.	Yes	Resolved at least 1 unmet social need for intervention group in RCT. For intervention group, improved perception of child health outcomes. Across study high patient satisfaction rates. Increased clinical training opportunities to address the social determinants of health.

Goal	Objective	Description	Collaborators	Input(s)	Objective Met?	Impact
C: Expand access to proven mental health services for children	Objective (C.1): Provide capital funding to expand mental health services by 50 percent at the Castlemont High School Based Clinic.	UCSF Benioff Oakland dedicated funding for capital expansion and renovation of the clinic so that more individuals can utilize the clinic. We planned to build six new mental health rooms and a mental health group therapy room. In addition, we planned to build a corridor to connect the clinic with the neighboring Youth Uprising youth center.	Alameda County Health Care Services Agency Youth Uprising	$800,000 would have been required to complete the project.	No. Objective not completed due to other emergent needs and priorities.	Not applicable.
	Objective (C.2): Expand infrastructure at Early Intervention Services (EIS) to enable evaluation at UCSF Benioff Oakland's EIS.	UCSF Benioff Oakland dedicated resources to establish data collection and management systems at EIS, evaluate the impact of key interventions on health and educational outcomes, and disseminate findings.	UCSF Department of Psychiatry	UCSF Benioff Oakland provided funding to EIS to appoint an EIS Research Coordinator.	Yes	EIS has the infrastructure to conduct research. EIS has obtained $2,200,000 in grants.

Goal	Objective	Description	Collaborators	Input(s)	Objective Met?	Impact
	Objective (C.3): Behavioral Health Integration: Increase collaboration between Primary Care and Mental Health providers.	A psychiatric PNP and A Clinical Medical Social Worker (LCSW) were hired to be available at the Claremont Clinic to consult with pediatricians, families and patients around questions of mental health and behavioral concerns. The LCSW is available to provide patients and families brief therapy services. Increased education about mental health disorders and treatment is provided to the primary care staff.	Center for Vulnerable Child (CVC) Primary Care Dept, UCSF Benioff Children's Hospital Oakland Dept. of Psychiatry, UCSF Benioff Children's Hospital Oakland	$500,000 HRSA two-year grant Extension of existing CVC HRSA grant.	Yes	Over 300 children have received mental health services at the clinic site.
	Objective (C.4): To start a park prescription program at primary care clinic and to conduct a feasibility and efficacy trial of the park prescription program.	The Stay Healthy In Nature Everyday (SHINE) program is a collaborative effort between Children's and East Bay Regional Parks to improve health by decreasing barriers to time in local parks, and increasing incentives to spend time in nature. The program is a health intervention for stress, social isolation, and physical inactivity. A secondary component of the program is health care provider education about local parks and natural resources available to patients.	East Bay Regional Parks District East Bay Regional Parks Foundation National Recreation and Parks Administration UC Berkeley School of Public Health UCSF Clinical Services	$60,000 from East Bay Regional Parks District and East Bay Regional Parks Foundation $20,000 from National Recreation and Parks Administration Two interns Staff time in-kind	Yes	Monthly nature outings for more primary care clinic patients and family members 78 families enrolled in trial and followed over 3 months Findings being submitted to national conferences Clinic decorated with large posters of local parks EMR integrates nature screening and referral

Goal	Objective	Description	Collaborators	Input(s)	Objective Met?	Impact
D: Improve access and education about nutrition	Objective (D.1): Develop a Family Heart and Nutrition Center	The Family Heart & Nutrition Center (FHNC) at UCSF Benioff Oakland is a National Center of Excellence for cardiovascular health. This unique program brings clinicians, clinical research centers, health experts and advocates together in a unified program to directly address CVD risk now and for the future. On the bigger scale, FHNC educates and teaches skills to the community to prevent the need for hospital services.	Existing community providers New evidence-based programs	Leverages existing clinical and research infrastructure.	Yes	Provided nutrition education seminars and workshops as well as free lipid and glucose screenings to underserved and minority youth and families in Oakland. Trained relevant staff and volunteers for educational outreach and program implementation. Created a database of individuals interested in participating in research from the local community. Worked with existing Children's departments and programs, e.g. Endocrinology and Healthy Hearts (a weight reduction program), to create a research infrastructure in the context of these clinical programs.

Goal	Objective	Description	Collaborators	Input(s)	Objective Met?	Impact
E: Increase HIV Screening	Objective (E.1): Increase HIV testing to 100 percent at seven UCSF Benioff Oakland locations that see a high volume of adolescents.	Specific activities to increase HIV testing includes: maximizing use of 4th generation antigen-antibody tests at 7 UCSF Benioff Oakland locations, ongoing training of resident and nurse "champions" at each of the seven locations, optimizing and integrating testing procedures and scripts into our electronic medical record.	Gilead Inc.	Staff time for a project coordinator Staff time for champions at each location and for project advisors.	Yes and In-Progress	Since the implementation of HIV FOCUS Project in January of 2014, a total of 7,871 UBCHO patients have been screened using the routine HIV screening model at seven UCSF Benioff Oakland locations. A total of 5 true HIV infections have been identified, 3 of which were Acute HIV Infection (AHI), found as a result of the utilization of the 4th generation antigen-antibody test. Additionally, compared to baseline (2013) offering and testing rates, have improved substantially (see below) 2013 (Pre-FOCUS) Offer Rate: 23.95% Testing Rate: 18.55% 2014 Offer Rate: 52.48%

Goal	Objective	Description	Collaborators	Input(s)	Objective Met?	Impact
						Testing Rate: 25.2% 2015 Offer Rate: 67.65% Testing Rate: 25.11%
F: Improve prevention, screening and treatment of childhood traumatic stress	Objective (F.1): Partner to deliver trauma informed training.	Provide trauma-informed systems training within 7 counties surrounding Alameda County, as part of a subcontract through Trauma Transformed, the only regional center and clearinghouse in the Bay Area that promotes a trauma-informed system by providing trainings and policy guidance to systems of care professionals and organizations.	Center for the Vulnerable Child, UCSF Benioff Oakland Center for Child Protection, UCSF Benioff Oakland California Social Services Department	$40,000 subcontract from East Bay Agency for Children	Yes and In-Progress	4 staff trained in San Francisco DPH model of trauma-informed systems. Training to begin at other sites. Cross-training on trauma screening tools Completed initial inventory of trauma screening tools being utilized throughout UCSF Benioff Oakland and evidence-based trauma treatment modalities.
	Objective (F.2): Improve quality of service delivery and trauma informed care coordination at UCSF Benioff Oakland.	A group internal to Benioff Children's Oakland mental health and social service programs has convened to define existing activities to address trauma screening and treatment.	Programs within Division of Mental Health and Child Development	Staff time	Yes and In-Progress	Ongoing meetings to define existing activities to address trauma screening and treatment.

Goal	Objective	Description	Collaborators	Input(s)	Objective Met?	Impact
	Objective (F.3): Launch a multi-year study to evaluate screening for ACEs in primary care settings.	Traumatic events in childhood are associated with risk factors for the leading causes of death later in life. These traumatic events, including emotional, physical or sexual abuse, as well as household dysfunction, are referred to as "adverse childhood experiences" or ACEs. The San Francisco Center for Youth Wellness, in partnership with researchers at UCSF Benioff Children's Hospitals in San Francisco and Oakland are collaborating on a multi-year study to evaluate screening for ACEs in primary care settings. The goal is to develop and create a prospective pediatric screening tool which currently does not exist.	Center for Youth Wellness UCSF Center for Genes and the Environment UCSF Department of Family and Community Medicine UCSF Benioff Children's Oakland Center for Community Health and Engagement (CCHE) UCSF Benioff Children's Oakland Early Intervention Services UCSF Benioff Children's Oakland Center for Child Protection UCSF Benioff Children's Oakland Primary Care	$4.3 Million grant from Tara Health Foundation over three years.	Yes	Convened and collaborated on creation of successfully funded proposal. Developed modified pediatric prospective ACES screening tool. Created work groups to design theory of change for primary care intervention. Created panels of biomarkers, including traditional and novel elements to be tested as part of the larger study.

Goal	Objective	Description	Collaborators	Input(s)	Objective Met?	Impact
G: Create a single entity to house and provide technical assistance for community benefit activities and planning at UCSF Benioff Oakland.	Objective (G.1): Create the Center for Community Health and Engagement (CCHE) to bridge pediatric care with community needs and provide much needed support to existing community benefit programs.	UCSF Benioff Children's Hospital Oakland is uniquely positioned to be a national leader in demonstrating how a children's hospital can address the social determinants of health that can contribute to the overall health and success of children. CCHE bridges pediatric health care and community needs and supports existing community benefit programs. The Center is also a point of contact for external collaborators, promoting a prevention perspective and increased awareness of culturally responsive approaches to patient care.	Multiple divisions within UCSF Benioff Oakland.	Staff Funding Center Space	Yes	$2million dollars raised to support CCHE and community benefit projects. 14 staff hired to advance CCHE mission.
	Objective (G.2): Create CCHE internship program.	The CCHE internship program is an opportunity for undergraduate students to explore areas of personal and career interest, to formulate future plans and pathways into the health profession, and to acquire the skills necessary to meet their goals. Interns work on projects internal to CCHE and at community benefit programs around hospital.	UC Berkeley CSU East Bay UCOP UCSF Benioff Oakland Hospital Divisions	Staff time $50,000 in grant support from University of California Office of the President and Hospital Administration.	Yes	17 interns enrolled in CCHE internship program.

Goal	Objective	Description	Collaborators	Input(s)	Objective Met?	Impact
H: Increase ability to address early literacy as a component of children's health.	Objective (H.1):	The Talk, Read, Sing Initiative has 2 components. The first is a research intervention project in Primary Care with the goal of increasing parental understanding of the importance of talking, reading and singing to children. The second is a hospital-wide strategy that includes small and large group activities; the development of a reading and singing channel for hospital televisions; and book distribution.	Opportunity Institute First 5 Alameda Reach out and Read UCSF Philip R. Lee Institute for Health Policy Studies UCSF Benioff Oakland Hospital departments including Marketing, Child Life, Volunteers, and Foundation Oakland Public Library	Grant from Opportunity Institute	Yes and In-Progress	PRIMARY CARE: • 509 families enrolled in early literacy • 140 families enrolled in early math • Trained all residents on TSTR • Conducted after 5 noon clinic lectures on TSTR • Developing sustainability plan HOSPITAL INTERVENTION: • Talk, Read, Sing day for community held on Sept 29, 2015 • Over 1000 books distributed • Talk, Read, Sing Circles including medical residents began Feb 2016 • Closed circuit Talk, Read, Sing channel developed with stories, songs and PSA's regarding importance of reading to children.

Attachment 5: Persons Representing the Broad Interests of the Community

The following leaders were consulted for their expertise in the community. They were identified based on their professional expertise and knowledge of target groups* including children, youth, older adults, low-income populations, minorities, and the medically underserved. The coalition included leaders from health systems including the Alameda and Contra Costa Counties' Public Health Departments, local hospital and health care agency leaders and representatives, local government employees, appointed county government leaders, school districts, and nonprofit organizations. *For a description of members of the community who participated in focus groups, please see Section 6, "Resident Input."*

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
County Health/Public Health	Contra Costa County Public Health	Epidemiologist	Public health	Leader	1, 2, 3	Interview	06/24/15
Non-Profit	Tri-Valley Haven	Executive Director	Safety/violence	Leader	3	Interview	09/29/15
Non-Profit	Youth ALIVE!	Director	Safety/violence, youth	Leader	1, 3	Interview	09/04/15
County Health/Public Health	Alameda County Public Health Department, Healthy Living for Life	Nutritionist	Nutrition	Representative	1, 3	Interview	09/08/15

* Target group represented:
1: Public health knowledge/expertise
2: Federal, tribal, regional, state, or local health departments/agencies
3: Represent target populations: a) medically underserved, b) low-income, c) minority

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
Local Health	Washington Hospital Healthcare System	Emergency Services Administrator	Public health, low-income, underserved	Representative	1, 3	Interview	09/18/15
Non-Profit	First 5 Alameda County	Senior Administrator	Children	Representative	3	Interview	08/27/15
Education	Livermore Unified School District	Nurse	Education, child health	Representative	1, 3	Interview	09/30/15
Local Health	Washington Hospital Healthcare System	Continuing Care Coordinator	Mental health	Representative	1, 3	Interview	10/14/15
Education	Health Pathways, Oakland Unified School District	Director	Education, child health	Leader	1, 3	Interview	09/03/15
County Health	Behavioral Health Services, Contra Costa County	Director	Behavioral health, mental health, homeless	Leader	1, 2, 3	Interview	09/22/15
Local Health	Tiburcio Vasquez Health Center	Chief Executive Officer	Low-income, underserved	Leader	1, 3	Interview	08/31/15
County Health/Public Health	Alameda County Public Health	Epidemiologist	Public health	Leader	1, 2, 3	Interview	06/24/15

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
City Health	City of Berkeley, Division of Public Health	Director of Public Health/ Health Officer	Public health	Leader	1, 2, 3	Interview	07/16/15
County Health/Public Health	Alameda County Public Health/Health Care Services	Medical Director	Public health	Leader	1, 2, 3	Interview	08/10/15
County Health/Public Health	Alameda County Public Health/Health Care Services	Director, Public Health Officer	Public health	Leader	1, 2, 3	Interview	08/10/15
Local Health	Washington's Womens Health Specialists	Obstetrician-Gynecologist	Low-income, underserved, women	Leader	1, 3	Interview	10/01/15
Non-Profit	Meals-on-Wheels Senior Outreach	Executive Director	Low-income, underserved, older adults	Leader	3	Interview	08/12/15
Local Health	UCSF Benioff Children's Hospital Oakland	Practice Administrator for Child Development, Child Mental Health, and Rare Diseases	Public health, children	Leader	1, 3	Interview	08/21/15
County Government	Supervisor Haggerty's Office	Deputy Chief of Staff		Leader	3	Interview	08/21/15

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
Non-Profit	Tri-City Elder Coalition	Karen Grimsich, Administrator, Aging & Family Services	Older adults	Leader	3	Interview	08/04/15
Non-Profit	SAVE (Safe Alternatives to Violent Environments)	Director of Programs	Safety/violence	Leader	3	Interview	10/08/15
Education	Pleasanton Unified School District	Director	Education	Leader	3	Interview	09/25/15
County Health	Alameda County Behavioral Health Services	Consumer Empowerment Manager	Mental health, substance use	Leader	1, 2, 3	Interview	09/04/15
County Health/Public Health	Alameda County Public Health	Deputy Director	Public health	Leader	1, 2, 3	Interview	08/27/15
Local Health	Washington's Womens Center	Clinic Coordinator	Low-income, underserved, women	Leader	1, 3	Interview	10/01/15
Non-Profit	Abode Services	Executive Director	Access to care, low-income, homelessness	Leader	3	Interview	09/23/15
County Health	Behavioral Health Services, Alameda County	Director	Mental health, substance use	Leader	1, 2, 3	Interview	08/26/15

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
Education	Health Pathways, Oakland Unified School District	Coordinator, Health Access/School-Based Health Centers	Education, child health	Leader	1, 3	Interview	09/03/15
Non-Profit	Youth Uprising	Chief Executive Officer	Safety/violence, youth	Leader	1, 2, 3	Interview	09/08/15
Non-Profit	Davis Street Family Resource Center	Executive Director	Low-income, underserved	Leader	3	Interview	08/24/15
Non-Profit	Healthy Richmond	Hub Manager	Nutrition, safety, children	Leader	1, 3	Interview	09/01/15
Non-Profit	HOPE Collaborative	Project Director	Nutrition, safety	Leader	1, 3	Interview	08/12/15
Education	San Ramon Valley Unified School District	Student Services Coordinator	Education	Leader	3	Interview	09/15/15
Education	Livermore Unified School District	Director	Education	Leader	3	Interview	09/30/15
Local Health	Axis Community Health	Sue Compton, Chief Executive Officer	Public health	Leader	1, 3	Interview	08/06/15
Education	Pleasanton Unified School District	Nurse	Education, child health	Leader	1, 3	Interview	09/25/15

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
Non-Profit	Youth in Mind	Executive Director	Safety/violence, youth	Leader	3	Interview	09/04/15
Education	Livermore Unified School District	Executive Secretary	Education	Leader	3	Interview	09/30/15
Education	Dublin Unified School District	Director	Education	Leader	3	Interview	10/21/15
City Government	Oakland Mayor's Office	Chief of Staff	Safety/violence	Leader	1, 3	Interview	08/24/15
Education	Dublin Unified School District	District Nurse	Education, child health	Leader	1, 3	Interview	10/21/15
County Health	Contra Costa Health Services	Assistant Director	Health services, public health	Leader	1, 2, 3	Interview	07/30/15
Local Health	Tri-City Health Center	Development Officer	Low-income, underserved	Leader	1, 3	Interview	10/19/15
Local Health	Tri-City Health Center	Chief Executive Officer	Low-income, underserved	Leader	1, 3	Interview	10/19/15
Non-Profit	National Alliance on Mental Illness	Mentor	Mental health	Representative	3	Focus group	08/20/15
Non-Profit	Contra Costa County Child Care Council (CCCCC)	Child Care Provider	Children	Representative, Member	3	Focus group	9/28/15

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
Local Health	Contra Costa Health Services, Center for Human Development	African American Health Conductor	Community health, minority	Representative, Member	1, 3	Focus group	09/08/15
Non-Profit	National Alliance on Mental Illness	Mentor	Mental health	Representative	3	Focus group	08/20/15
Local Health	Community Clinic Consortium, Contra Costa & Solano Counties	Project Coordinator	Low-income, access to care	Leader	1, 2, 3	Focus group	9/2/15
Non-Profit	Filipinos 4 Justice	Youth Services Director	Minority	Leader, Member	3	Focus group	09/02/15
Local Health	Contra Costa Health Services, Center for Human Development	Lead African American Health Conductor	Community health, minority	Representative, Member	1, 3	Focus group	09/08/15
Non-Profit	Contra Costa County Child Care Council (CCCCC)	Child Care Provider	Children	Representative, Member	3	Focus group	9/28/15
Non-Profit	Canine Guardians Assistance	Trainer	Veterans, disabilities	Leader	1, 3	Focus group	9/23/15

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
	Dogs						
Local Health	Alameda Health System	Chief Strategy Officer	Low-income, access to care	Leader	1, 2, 3	Focus group	9/2/15
Non-Profit	Veterans Yoga Project	Founder & Executive Director	Veterans, mental health	Leader	1, 3	Focus group	9/23/15
Local Health	Citizens for Better Community	Dentist, Health Committee Chair	Minority	Leader, Member	1, 3	Focus group	09/02/15
Non-Profit	U.S. Department of Veterans Affairs, Oakland Vet Center	Counselor	Veterans, mental health	Leader	1, 3	Focus group	9/23/15
Non-Profit	The Coming Home Project	Clinical Coordinator	Veterans, mental health	Leader	1, 3	Focus group	9/23/15
Local Health	California Children's Services, Alameda County	Medical Director	Low-income, access to care	Leader	1, 2, 3	Focus group	9/2/15
Local Health	Kaiser Permanente	Associate Physician	Minority	Leader, Member	1, 3	Focus group	09/02/15

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
Local Health	Kaiser Permanente	Psychiatrist	Minority	Leader, Member	1, 3	Focus group	09/02/15
Non-Profit	Armed Forces Services Corporation	Financial Coach	Veterans	Leader	3	Focus group	9/23/15
Non-Profit	Employment Development Department, Eden Area Multiservice Center	Veteran Representative	Veterans, employment	Leader	3	Focus group	9/23/15
Non-Profit	Contra Costa County Child Care Council (CCCCC)	Child Care Provider	Children	Representative, Member	3	Focus group	9/28/15
Non-Profit	Contra Costa County Child Care Council (CCCCC)	Child Care Provider	Children	Representative, Member	3	Focus group	9/28/15
Local Health	Operation Access	President & Chief Executive Officer	Low-income, access to care	Leader	1, 3	Focus group	9/2/15
Non-Profit	National Alliance on Mental Illness	Mentor	Mental health	Representative	3	Focus group	08/20/15
Local Health	Asian Health Services	Director of Program Planning & Development	Low-income, access to care, minority	Leader	1, 3	Focus group	9/2/15

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
Local Health	Contra Costa Health Services, Center for Human Development	African American Health Conductor	Community health, minority	Representative, Member	1, 3	Focus group	09/08/15
Non-Profit	Rotary Club Fremont	Past President, International Services Committee Chair	Minority	Leader, Member	3	Focus group	09/02/15
Non-Profit	National Alliance on Mental Illness	Mentor	Mental health	Representative	3	Focus group	08/20/15
Non-Profit	National Alliance on Mental Illness	Mentor	Mental health	Representative	3	Focus group	08/20/15
Non-Profit	National Alliance on Mental Illness	Mentor	Mental health	Representative	3	Focus group	08/20/15
Local Health	Contra Costa Health Services, Center for Human Development	African American Health Conductor	Community health, minority	Representative, Member	1, 3	Focus group	09/08/15
Local Health	Alameda Health Consortium	Director of Policy & Planning	Low-income, access to care	Leader	1, 3	Focus group	9/2/15

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
Local Health	Lifelong Medical Care	Deputy Director	Low-income, access to care, underserved	Leader	1, 3	Focus group	9/2/15
Local Health	U.S. Department of Veterans Affairs, Martinez Outpatient Clinic	Caregiver Support Coordinator	Veterans, mental health	Leader	1, 3	Focus group	9/23/15
Non-Profit	East Bay Community Recovery Project	Case Manager/ Housing Specialist	Veterans, housing	Leader	1, 3	Focus group	9/23/15
Non-Profit	National Alliance on Mental Illness	Mentor	Mental health	Representative	3	Focus group	08/20/15
Local Health	Contra Costa Health Services, Center for Human Development	African American Health Conductor	Community health, minority	Representative, Member	1, 3	Focus group	09/08/15
Non-Profit	American Red Cross Northern California Coastal Region	Director, International Services and Service to the Armed Forces	Veterans	Leader	3	Focus group	9/23/15
County Health/Public Health	Alameda County Public Health	Nurse Manager	Low-income, access to care	Leader	1, 2, 3	Focus group	9/2/15

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
	Department, Nurse Family Partnership						
Non-Profit	Filipinos 4 Justice	Youth Counselor	Minority	Leader, Member	3	Focus group	09/02/15
Non-Profit	Canine Guardians Assistance Dogs	Executive Director	Veterans, disabilities	Leader	1, 3	Focus group	9/23/15
Non-Profit	Contra Costa County Child Care Council (CCCCC)	Child Care Provider	Children	Representative, Member	3	Focus group	9/28/15
Non-Profit	Contra Costa County Child Care Council (CCCCC)	Child Care Provider	Children	Representative, Member	3	Focus group	9/28/15
Non-Profit	American Lung Association	Regional Advocacy Director	Tobacco policy, minority	Leader, Member	3	Focus group	09/02/15
Non-Profit	Contra Costa County Child Care Council (CCCCC)	Child Care Provider	Children	Representative, Member	3	Focus group	9/28/15
Non-Profit	Citizens for Better Community	Treasurer	Minority	Leader, Member	3	Focus group	09/02/15
Non-Profit	Contra Costa County Child Care Council	Child Care Provider	Children	Representative, Member	3	Focus group	9/28/15

Sector	Organization	Title	Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
	(CCCCC)						
Non-Profit	National Alliance on Mental Illness	Mentor	Mental health	Representative	3	Focus group	08/20/15
Local Health	La Clinic de la Raza	Director of Medical Operations	Low-income, access to care, minority	Leader	1, 3	Focus group	9/2/15
Non-Profit	Contra Costa County Child Care Council (CCCCC)	Child Care Provider	Children	Representative, Member	3	Focus group	9/28/15
Local Health	Contra Costa Health Services, Center for Human Development	African American Health Conductor	Community health, minority	Representative, Member	1, 3	Focus group	09/08/15

Attachment 6: CHNA Qualitative Data Collection Protocols

Professionals (Providers) Focus Group Protocol

Introductory remarks

- Welcome and thanks
- What the project is about:
    - We are helping the non-profit hospitals in your area conduct a Community Health Needs Assessment, required by the IRS and the State of California.
    - Identifying unmet health needs in your community, extending beyond patients.
    - Ultimately, to invest in community health strategies that will lead to better health outcomes.
- Why we're here *(put on flipchart page)*:
    - Learn about health needs in your community
    - Understand your perspective on healthcare access in the post-Affordable Care Act/Obamacare environment
    - Talk about impact of various other things that influence health
    - Hear from you what community assets that you are already aware of can help with health needs, and what community assets might still be needed

What we'll do with the information you tell us today

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all focus group discussions will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

Focus Group Questions

1. Community Health Needs & Prioritization

When your local hospitals did their Community Health Needs Assessments in 2013, these are the health needs that came up. (Using a list based on all of the needs identified by any hospital. List is at end of protocol.) *(Show list on flipchart page.)*

a. We'd like you to let us know if you think there are any health needs (broadly defined, including social determinants of health) not on this list that should be added. *(Write them on the list.)*
   i. Overall?
   ii. Specific needs for groups by gender, age, ethnicity, geography, etc.?

Define unmet health needs: Needs that are not being addressed very well. For example, maybe we don't know how to prevent these problems, or we don't have enough medicines

or treatments, or maybe there aren't enough doctors to treat these problems, or maybe health insurance does not cover the treatment. These are unmet because there needs to be more done about this problem.

b. Please think about the top three from the list (including the added needs, if any) you believe are the most important to address in your community – the needs that still need attention.

   You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

   We will discuss your ideas on how these might be able to be addressed later in our conversation.

c. Any particular subpopulations that are disproportionately affected? *(Prompt for ethnic minorities, LGBTQ, low-income population, urban vs. rural/geographically isolated, etc.)* Any other trends you are seeing in the past 5 years or so? How are the needs changing? We will discuss your ideas on how these might be able to be addressed later in our conversation.

2. Access to Care

We would like to get your perspective on how <u>access</u> has changed in the post- Affordable Care Act environment.

a) Based on your observations and interactions with the clients you serve, to what extent are your clients aware of how to obtain health <u>care</u>? *(Explain if needed: Where to find a clinic, how to make an appointment, etc.)*

b) To what extent are your clients aware of how to obtain health <u>insurance</u>?

c) What barriers to access still exist? *(Focus on comparison pre- and post-ACA)*
   i. Is the same proportion still medically uninsured/under-insured; or is it a smaller proportion, or a larger proportion than before ACA?
   ii. Do more people, the same, or fewer people have a primary care physician than before ACA?
   iii. Are people using the ER as primary care to the same degree, less, or more than before ACA?
   iv. Is the same proportion of the community facing difficulties affording health care, or is it a smaller proportion, or a greater proportion than before ACA?

d) Now thinking about the mental health needs in your community, what keeps people from getting the prevention and/or early intervention mental health/counseling services they need?

3. Drivers/Barriers

What other drivers or barriers are contributing to the health needs that you prioritized? We will talk about solutions in just a minute.

Prompts if they are having trouble thinking of anything:

- Transportation
- Housing
- Built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things
- Policies/laws
- Cultural norms
- Stigma
- Lack of awareness/education
- SES (income, education)
- Mental health and/or substance abuse issues
- Being victims of abuse, bullying, or crime

4. Suggestions/Improvements/Solutions

Now that we have discussed the most challenging health needs and issues related to access to care, we are going to ask you about some possible solutions. **For the needs you prioritized earlier…**

a) Are there any policy changes you would recommend that could address these issues?
b) Are there existing assets or resources available to address these needs that people are not using? Why?
c) What other assets or resources are needed?

Resource question prompts, if they are having trouble thinking of anything:

▪ Specific new/expanded programs or services? ▪ Increase knowledge/understanding? ▪ Address underlying drivers like poverty, crime, education? ▪ Facilities (incl. hospitals/clinics)	▪ Infrastructure (transportation, technology, equipment) ▪ Staffing (incl. medical professionals) ▪ Information/educational materials ▪ Funding ▪ Collaborations and partnerships ▪ Expertise

Concluding Remarks

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- The final Community Health Needs Assessment Report will be published in approximately March 2016 on all of the hospitals' websites

Residents (Non-Professionals) Focus Group Protocol

Introductory remarks

- Welcome and thanks
- What the project is about:
    - We are helping the non-profit hospitals in your area conduct a Community Health Needs Assessment, required by the IRS and the State of California.
    - Identifying unmet health needs in your community, extending beyond patients.
    - Ultimately, to invest in community health strategies that will lead to better health outcomes.
- Why we're here *(put on flipchart page)*:
    - Learn about health needs in your community
    - Understand your perspective on healthcare access in the post-Affordable Care Act/Obamacare environment
    - Talk about impact of various other things that influence health
    - Hear from you what community assets that you are already aware of can help with health needs, and what community assets might still be needed

What we'll do with the information you tell us today

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all focus group discussions will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

Focus Group Questions

1. Community Health Needs & Prioritization

When your local hospitals did their Community Health Needs Assessments in 2013, these are the health needs that came up. (Using a list based on all of the needs identified by any hospital. List is at end of protocol.) *(Show list on flipchart page.)*

a. We'd like you to let us know if you think there are any health needs (broadly defined, including social determinants of health) not on this list that should be added. *(Write them on the list.)*
   i. Overall?
   ii. Specific needs for groups by gender, age, ethnicity, geography, etc.?

Define unmet health needs: Needs that are not being addressed very well. For example, maybe we don't know how to prevent these problems, or we don't have enough medicines or treatments, or maybe there aren't enough doctors to treat these problems, or maybe health insurance does not cover the treatment. These are unmet because there needs to be more done about this problem.

b. Please think about the top three from the list (including the added needs, if any) you believe are the most important to address in your community – the needs that still need attention.

   You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

   We will discuss your ideas on how these might be able to be addressed later in our conversation.

2. Access to Care

We are interested in hearing from you about your experiences accessing health services in your community.

a) First, a little about health insurance:
   i. Have any of you enrolled in health insurance in the last two years…
      - For the first time?
      - After a lapse in insurance?
   ii. What has kept you from enrolling, or from getting better coverage?

b) Now, some questions about the "coverage" (benefits) that you do have:
   i. Do you have more or better insurance "coverage" than you had two years ago, or is it the same, or worse?
   ii. Are you more likely now, than you were two years ago, to visit a primary care doctor instead of ER or urgent care; or are you just as likely as before; or less likely?

c) What prevents you from getting the health care you need?

d) Now thinking about the mental health needs in your community, what keeps people from getting the prevention and/or early intervention mental health/counseling services they need?

3. Drivers/Barriers

What else is influencing the health needs that you prioritized? We will talk about solutions in just a minute.

Prompts if they seem to be having trouble coming up with anything:

- Transportation
- Housing or the built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things
- Policies/laws
- Cultural norms

- Stigma
- Lack of awareness/education
- SES (income, education)
- Mental health and/or substance abuse issues
- Being victims of abuse, bullying, or crime

4. Suggestions/Improvements/Solutions

Now that we have identified the most challenging health needs impacting your community, as well as your experiences in accessing health services, we would like to ask you about some possible solutions. **For the needs you prioritized earlier…**

a) Are there existing assets or resources available to address these needs that people are not using? Why?
b) What other assets or resources are needed?

Resource question prompts if they are having trouble coming up with anything:

▪ Specific new/expanded programs or services? ▪ Increase knowledge/understanding? ▪ Address underlying drivers like poverty, crime, education? ▪ Facilities (incl. hospitals/clinics)	▪ Infrastructure (transportation, technology, equipment) ▪ Staffing (incl. medical professionals) ▪ Information/educational materials ▪ Funding ▪ Collaborations and partnerships ▪ Expertise

Concluding Remarks

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- The final Community Health Needs Assessment Report will be published in approximately March 2016 on all of the hospitals' websites
- *Collect surveys*
- *Pass out incentives and get signed receipts*

Key Informant Interview Protocol

Introduction

What the project is about:

- We are helping the non-profit hospitals in Alameda and Contra Costa Counties conduct a Community Health Needs Assessment, required by the IRS and the State of California.
- Identifying unmet health needs in our community, extending beyond patients.
- Ultimately, to invest in community health strategies that will lead to better health outcomes.

You were chosen to be interviewed for your particular perspective on health in your community ("regarding [topic]" – *if chosen for special topic and not overall perspective on health, identify here*).

What we'll do with the information you tell us today:

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all interviews will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

Preamble

Our questions mainly relate to:

1. Health needs
2. Healthcare access in the post-Affordable Care Act environment
3. Other challenges contributing to health needs
4. Suggestions/solutions (both in terms of policies and in terms of local resources)

Interview questions

1. Background

First, please tell me a little about your current role and the organization you work for.

2. Health needs

Next, we would like to get your opinion on the top health needs among those you serve.

a) In your opinion, which health needs do you believe are the most important to address among those you serve/your constituency?

b) In your opinion, what are the health needs that are not being met very well right now among those you serve/your constituency?
c) Are there any specific groups that have greater health needs, or special health needs?
    i. Differences by gender
    ii. Within specific ethnic groups
    iii. Among different age groups like seniors or children
    iv. Within different parts of the county
    v. Any other specific groups

If they identified more than three health needs, ask question d; if not, go on to section 3.

d) Which would you say are the most urgent or pressing of all the health needs that you've named?

3. Challenges: Access to healthcare – post-ACA

We would like to get your perspective on how access has changed in the post- Affordable Care Act environment.

a) Based on your observations and interactions with the clients you serve, to what extent are clients aware of how to obtain health care? *(Explain if needed: Where to find a clinic, how to make an appointment, etc.)*
b) To what extent are clients aware of how to obtain health insurance?
c) What barriers to access still exist? *(Focus on comparison pre- and post-ACA)*
    i. Is the same proportion still medically uninsured/under-insured?
    ii. Do more people or fewer people have a primary care physician?
    iii. Are people using the ER as primary care to the same degree?
    iv. Is the same proportion of the community facing difficulties affording health care?
d) Now thinking specifically about the mental health needs in your community, what keeps people from getting the prevention and/or early intervention mental health/counseling services they need?

4. Other Challenges

Are there any other drivers or barriers that are contributing to health needs? We will talk about solutions in just a minute.

Prompts if they are having trouble thinking of anything:

- Transportation
- Housing
- Built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things
- Policies/laws
- Cultural norms
- Stigma
- Lack of awareness/education
- SES (income, education)
- Mental health and/or substance abuse issues
- Being victims of abuse, bullying, or crime

5. Suggestions/Improvements/Solutions

Now that we have discussed health needs and issues related to access to care, we are going to ask you about some possible solutions. **In order to maintain or improve the health of your community…**

a) Are there any policy changes you would recommend that could address these issues? Consider those that are readily achievable and politically feasible.
b) Are there existing resources available to address these needs? If so, why aren't people using them?
c) What other resources are needed?
d) Of the resources/solutions to improve health, which do you feel is the most significant improvement needed, second, and third?

Resource question prompts if they are having trouble thinking of anything:

▪ Specific new/expanded programs or services? ▪ Increase knowledge/understanding? ▪ Address underlying drivers like poverty, crime, education? ▪ Facilities (incl. hospitals/clinics)	▪ Infrastructure (transportation, technology, equipment) ▪ Staffing (incl. medical professionals) ▪ Information/educational materials ▪ Funding ▪ Collaborations and partnerships ▪ Expertise

Concluding Remarks

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- Final CHNA report will be published in Spring 2016 on all of the hospitals' websites

Poster – Alameda/Contra Costa Counties Health Needs 2013

Access to preventative, primary, and specialty care (e.g., geography, language, cost, insurance eligibility)
Active living (increased exercise & activity)
Asthma (prevention/management)
Delivery of preventative, primary, and specialty care (e.g., quality of services, coordination of care)
Dental care (access to services)
Economic security (poverty)
Education/vocational training programs
Health literacy/health education (incl. adequate Spanish/other lang. capacity, health resources) and appropriate referral
Healthy eating (affordable healthy food, abundance of fast food, food insecurity, nutrition)
Mental health (services affordable, local)
Parenting skills & support
Peri-natal care (Black populations)
Pollution/clean environment (air, waste, etc.)
Substance abuse (treatment services affordable, local)
Transportation (safe, reliable, accessible)
Violence (safe environment, violence prevention, outdoor safety, safe places to be active)

Attachment 7: Community Assets & Resources

The following resources are available to respond to the identified health needs of the community.

Overall:

Existing Healthcare Facilities

- Alta Bates Summit Medical Center
  - Oakland
  - Berkeley
- Contra Costa Regional Medical Center
- Eden Medical Center
- Ernest Cowell Memorial Hospital
- Fern Lodge
- Fremont Hospital
- Gilmore Hospital
- Highland Hospital
- John Muir Medical Center
  - Concord
  - Walnut Creek
- John Muir Behavioral Health Center
- Kaiser Permanente – Diablo (Antioch and Walnut Creek)
- Kaiser Permanente – East Bay (Oakland and Richmond)
- Kaiser Permanente – Greater Southern Alameda (Fremont and San Leandro)
- Kindred Hospital San Francisco Bay Area
- San Leandro Hospital
- St. Rose Hospital
- San Ramon Regional Medical Center
- Stanford Health Care – ValleyCare Medical Center
- Sutter Delta Medical Center
- Telecare Heritage Psychiatric Health Facility
- UCSF Benioff Children's Hospital – Oakland
- U.S. Naval Hospital
- Veteran's Administration Hospital
  - Livermore
  - Martinez
- Washington Hospital
- Willow Rock Center (psychiatric)

Existing Federally Qualified Health Centers

- Alameda County Health Care Services
  - Mobile Van #2 (San Leandro)
- Albert J. Thomas Medical Clinic
- Alcatraz Avenue Medical Group
- Asian Health Services
  - 8th Street Satellite
  - Webster Street
- Axis Community Health
  - Livermore
  - Pleasanton
- Berkeley Primary Care Access Clinic
- Casa del Sol
- East Oakland Health Center
- Frank Kiang Medical Center
- La Clinica
  - Monument (Concord)
  - Pittsburg-Medical
  - Oakley
- La Clinica de la Raza
  - 9th Street, Oakland
  - 12th Street, Oakland
- Lifelong Ashby Health Center
- Lifelong Brookside Community Health Center
  - Richmond
  - San Pablo
- Lifelong Dental Care
- Lifelong Dr. William M. Jenkins Pediatric Center
- Lifelong Medical Care
  - Albany
  - East Oakland
  - Eastmont
  - Howard Daniel Clinic
  - Oakland (Supportive Housing Program)
  - Richmond
- Native American Health Center
- Over 60 Health
- San Antonio Neighborhood Health Center
- Tiburcio Vasquez Health Center
  - Union City

  - Hayward
  - San Leandro
- Tri-City Health Center
  - Main Street Village, Fremont
- West Oakland Health Council
- William Byron Rumford Medical Clinic

Other Existing Community Resources and Programs

Listed by health need.

Health Need: Asthma
Assets/Resources

• Abode Services
• Alameda County:
  ○ Lead Prevention Program
  ○ Public Health Department Community Services
• Alameda Health Consortium
• Alameda Health System-Newark Wellness (Newark Health Center)
• American Lung Association
• ACMC: Winton Wellness Center
• Ashland Free Medical Clinic
• Asthma Start
• Berkeley Public Health Department
• Davis Street Family Resource Center
• Drivers for Survivors
• Eden Youth and Family Center - Hayward Day Labor Center
• EdenFit Supervised Exercise Program
• Fremont Family Resource Center
• Friends of Alameda County Court Appointed Special Advocates
• Grupo VIP Fremont
• Healthy Oakland Healthy Communities
• La Clinica de la Raza
• Lifelong Medical Care Program
• Northern California Breathmobile
• Oakland/Berkeley Community Action to Fight Asthma Program
• RAMP - Regional Asthma Management and Prevention Program, Public Health institute
• REACH Ashland Youth Center
• St. Rose Hospital- Main
• Tiburcio Vasquez Health Center

Health Need: Asthma

• Tri-City:
  o Health Center
  o Medical Services
• Winton Wellness Center (AHS)
• Washington Hospital and Health Care Services
• Washington Hospital Healthcare System, Respiratory Care
• Washington on Wheels Mobile Health Clinic (W.OW.)

Health Need: Climate & Health
Assets/Resources
• Alameda County local government -Alameda County Climate Action plan • Bay Area Air Quality Management District • Communities for a Better Environment (Richmond) • Emerald Cities Collaborative • The Ecology Center • National Resources Defense Council • Sierra Club – local chapters • Sunflower Alliance • Public Health Institute Center for Climate Change and Health • West County Toxics Coalition

Health Need: Communicable Diseases, Including STIs
Assets/Resources
• Alameda Health System-Newark Wellness (Newark Health Center) • ACMC- Fairmont Campus (HIV Services) • APEB Grupo Fremont • Ashland Free Medical Clinic • Davis Street Family Resource Center • Grupo Fremont VIP • Lighthouse Community Center- Free HIV Testing • REACH Ashland Youth Center (LaClinica Services) • Tiburcio Vasquez Health Center • Tri-City Health Center - HIV, Hep C and STD Testing • Washington Hospital Healthcare System

Health Need: Economic Security

Assets/Resources

- Abode Services
    - HOPE Project Mobile Health Clinic
    - Project Independence

  Alameda County

    - Community Food Bank
    - Housing and Community Development Shelter and Care
    - Nutrition Services - Women, Infants, and Children (WIC)
    - Social Services Department
- America Works (ex-convicts)
- Antioch/East Contra Costa Health and Wealth Initiative
- Berkeley City College CalWORKS program
- Berkeley Public Library Adult Literacy Program
- Brighter Beginnings
- Building Blocks for Kids Collaborative
- Building Opportunities for Self-Sufficiency (BOSS)- Short-term Special Needs Housing- South
- Catholic Charities of the East Bay
- Center for Independent Living Employment Academy
- Centro de Servicios
- Child, Family and Community Services (CFCS)- Southern Alameda County Early Head Start and Head Start
- City of Berkeley Health, Housing and Community Services Department
- City of Dublin Senior Center
- City of Oakland Department of Human Services
- Community Resources for Independent Living (CRIL)
- Computer Technologies Program
- Contra Costa County Employment & Human Services
- County Early Head Start and Head Start
- County Homeless Project- Hayward
- EBALDC – East Bay Asian Local Development Corporation
- Economic Opportunity
- East Bay:
    - Community Foundation
    - Community Law Center
    - Green Jobs Corps
- East Oakland Youth Development Center
- East Richmond Youth Development Center
- Eden I&R, Inc.
- Emergency Shelter Program, Inc.
- Ensuring Opportunity Contra Costa
- Fremont Healthy Start (A Program of East Bay Agency for Children)
- Fremont Resource Center

- Friends of Alameda County Court Appointed Special Advocates
- Hope for the Heart- Food Distribution
- Inter-City Services (Veterans Employment Related Assistance, and Workforce Training Program)
- Monument Community Partnership & Michael Chavez Center for Economic Opportunity
- Monument Impact
- One Stop Center
- Operation Dignity (veterans)
- Opportunity Junction
- Richmond Health Equity Partnership
- Richmond Works
- San Lorenzo Family Help Center- Ecumenical Food Pantry
- Safe Alternative to Violent Environments (SAVE)
- Salvation Army Hayward:
    - Corps- Food, Clothing, and Donation Services
    - USDA Commodity and Food Programs
- South Hayward Parish
    - Emergency Food Pantry
    - Hayward Community Action Network
- SparkPoint Bay Point
- Special Needs Housing- South County Homeless Project- Hayward
- The Stride Center
- Tri-City:
    - One-Stop Career Center (Employment Development Department)
    - Volunteers
- Tri-Valley Community Foundation
- Youth Employment Partnership

Health Need: Health Care Access & Delivery, Including Primary and Specialty Care
Assets/Resources

• Abode Services:
  o HOPE Mobile Health Clinic
• ACMC:
  o Fairmont Campus
  o Winton Wellness Center
• Alameda County Health Care Services – School Health Services
• Alameda Health System-Newark Wellness (Newark Health Center)
• Alzheimer's Services of the East Bay Adult Day Healthcare Center - Hayward Center
• American Diabetes Association
• American Heart Association
• Ashland Free Medical Cinic
• Axis Community Health
• Berkeley Free Clinic
• Birthright of San Lorenzo
• Brighter Beginnings
• Brookside Community Health Center
• Building Opportunities for Self-Sufficiency (BOSS)- Short-term,
• Centro de Servicios
• Child, Family, and Community Services (CFCS)- Burke Cal- SAFE Program
• CPIC – Community Education
• Coalition
• Concord RotaCare Clinic
• Contra Costa County Health Services Health Centers
• Deaf Counseling Advocacy and Referral Agency
• East Bay Agency for Children
• Eden:
  o Information and Referral
  o Medical Center- Outpatient Rehab
  o Youth and Family Center- Hayward Day Labor Center
• Emergency Shelter Program, Inc.
• Every Woman Counts
• EYFC- New Start Tattoo Removal
• Fremont Resource Center
• George Mark Children's Home
• Gray Panthers
• Healthy Richmond
• Jewish Family & Childrens Services of the East Bay
• JMH Mobile Health Clinic
• Kaiser:
  o Fremont Medical Center
  o Hayward Medical Center

Health Need: Health Care Access & Delivery, Including Primary and Specialty Care

  - Union City Medical Center
- La Clinica de La Raza
- La Familia – FRC - Fuller
- LIFE Eldercare, Inc. - VIP Rides Program
- LifeLong Medical Care
- Lighthouse Community Center
- Native American Health Center
- Operation Access
- Planned Parenthood:
  - Mar Monte
  - Shasta Pacific
- Pregnancy Choices Clinic
- Ronald McDonald Care Mobile Dental Clinic
- RotaCare Clinic
- Silva Pediatric Medical Clinic
- Second Chance Hayward Center
- Serra Center - Intermediate Care Facility for the Developmentally Disabled - Handicapped (ICF- DDH) and ILS/Supported Living Services
- Special Needs Housing- South County Homeless Project- Hayward
- South Hayward Parish- Hayward Community Action Network
- St. Rose Hospital:
  - Main
  - Silva Pediatric Medical Clinic
  - Women's Center
  - Women's Imaging Center
- St. Vincent de Paul RotaCare Clinic
- Sutter Delta Community Clinic
- The Latina Center
- Tiburcio Vasquez Health Center:
  - Union City Clinic
  - Family Support Services
  - School Based Health Services- Logan Health Center
  - School Based Health Services- Tennyson Health Center
  - TVHC- Hayward Clinic
  - Union City Clinic
- Tri-City Health Center:
  - Harm Reduction
  - Teen City Health Clinic
  - LGBT Services
  - Health Center
- United Seniors of Oakland and Alameda County
- Respite Care Shelter for the Homeless
- Washington on Wheels Mobile Health Clinic
- Washington Township Medical Foundation

Health Need: Maternal and Infant Health
Assets/Resources
• Alameda County Nutrition Services - Women, Infants, and Children (WIC) • Bay Area Communities for Health Education (BACHE) • Cal-SAFE Horizon School-Age Parent Program • Child Care Resources and Referral Line • City of Fremont Youth and Family Services • Community Child Care Council (4C's) of Alameda County • First 5 of Alameda County • Fremont Healthy Start (A Program of East Bay Agency for Children) • LARPD Extended Student Services • Love Never Fails Mentors for Positive Change • Planned Parenthood • Silva Pediatric Clinic • St. Rose Hospital – Silva Pediatric Medical Clinic • Tri-Valley Haven • Washington Hospital Healthcare System, Maternal Child Education Center

Health Need: Mental Health
Assets/Resources

• Abode Services:
  o Greater HOPE (Homeless Outreach and People Empowerment)
  o HOPE Project Mobile Health Clinic
  o Project Independence
  o STAY (Supportive Housing for Transitional Aged Youth)
• ACBHCS:
  o Crisis Response Program
  o Eden Children's Services
  o Geriatric Assessment & Response Team
  o Tri-City Children's Outpatient Services
  o Tri-City Community Support Center
• ACMC- John George Psych Pavilion
• Alameda County:
  o Health Care Services Agency
  o Housing and Community Development Shelter + Care
  o Medical Center Outpatient Psychiatric Services
  o Tri-City Children and Youth Service
• Alzheimer's Services of the East Bay Adult Day Healthcare Center - Hayward Center
• Ashland Youth Center
• Axis Community Health Adult Behavioral Health Services
• BACS - Adult Day Care Services
• Bay Area Community Services, Inc.
• Boldy Me
• Building Opportunities for Self-Sufficiency (BOSS):
  o Behavioral Health Care Transitional Housing
  o Short-term Special Needs Housing: South County Homeless Project (Mental Health) – Hayward
• Cal-SAFE - Tri-City Cal-SAFE Program
• Centro de Servicios
• CFCS - Southern Alameda County Early Head Start and Head Start
• Chabot- Women in Transition
• Child Abuse Listening Interviewing Center - CASA
• Child Family and Community Services (CFCS) - Burke Cal-SAFE Program
• Christian Counseling Centers, Inc.:
  o Fremont Christian Counseling Center
  o Hayward Christian Counseling Center
• City of Berkeley Health, Housing and Community Services Dept
• City of Fremont Youth and Family Services
• Community Health for Asian Americans
• Concord Family Services Center
• Contra Costa Crisis Center

Health Need: Mental Health

- Contra Costa Health Services
- Crockett Counseling Center
- Davis Street Family Resource Center
- Deaf Counseling Advocacy and Referral Agency
- Early Childhood Mental Health Program
- East Bay Agency for Children- Child Assault Prevention Training Center
- East Bay Services to the Developmentally Disabled- Evergreen Senior Center
- EBCRP- Hayward Outpatient Division
- Eden I&R, Inc.
- Eden Youth and Family Service's Tattoo Removal Program
- Emergency Shelter Program, Inc.
- EYFC- New Start Tattoo Removal
- Familias Unidas
- Families Forward
- Family Education and Resource Center (FERC)
- Family Paths:
    - 24-hour Parent Support Hotline
    - Counseling Services
- FCHSD:
    - Fremont Senior Center
    - Youth and Family Services
- Fremont Hospital:
    - 23-Hour Behavioral Crisis Assessment
    - Acute Inpatient Care Program
    - Chemical Dependency Intensive Outpatient Program
- Filipino Advocates for Justice - Youth Development
- George Mark Children's Home
- Girls Inc
- GOALS for Women (Oakland)
- HARPD – Matt Jimenez Community Center
- Horizons Family Counseling
    - Cronin House
    - Project Eden
- Jewish Family & Community Services East Bay
- JFK University – Concord Community Counseling Center
- JL Davis Family Resource
- John Muir Health Adolescent, Adult & Children's Psychiatric
- Programs
- Kidango, Inc.:
    - Early Head Start/Head Start Programs
    - Mental Health
    - Special Needs/Early Intervention Services
- La Cheim School, Inc
- La Clinica de la Raza, San Leandro
- La Familia Mental Health Services:

Health Need: Mental Health

  - Outpatient Counseling Program
- Monument Impact – Mentes Positivas
- Multi Lingual Counseling Center, Inc.
- NAMI (National Alliance on Mental Illness):
  - Alameda County South
  - Contra Costa (National Alliance on Mental Illness)
  - Tri-Valley
- Power Program
- Pregnancy Choices Clinic
- Putnam Clubhouse
- REACH Ashland Youth Center
- Safe Alternative to Violent Environments (SAVE) - 24-Hour Crisis Line
- SAVE:
  - Emergency Shelter
  - Individual Counseling and Support Group
- Schuman-Lilies Clinic Fremont
- Second Chance:
  - Anger Management
  - Hayward Center
  - Newark Center
- Seneca Center for Children and Families:
  - Public School-based Outpatient Counseling for HUSD
  - Willow Rock Center 23-hour Crisis Stabilization and Outpatient Services
- South Hayward Parish - Hayward Community Action Network
- St. Rose Hospital- Main
- Telecare Corp.:
  - Morton Bakar Center
  - Villa Fairmont Short Stay Program
  - Willow Rock Center Inpatient Services
- Terra Firma Diversion/Educational Services:
  - Court Ordered Adult Diversion Programs
  - Domestic Violence and Anger Management Classes
- The Latina Center (Richmond)
- Tiburcio Vasquez Health Center:
  - Behavioral Health Center
  - School based health services – Logan Health Center
  - School based health services – Tennyson Health Center
- Tri-City Health Center:
  - HIV/AIDS Care and Treatment Program
  - Women's Services
- Tri-Valley Axis Community Health Adult Behavioral Health Services
- Horizon Family Counseling
- USG – Department of Veterans Affairs (VA) - Fremont Outpatient Clinic
- Victory Outreach - Prison Counseling and Services; Residential Rehab Program - Hayward

Health Need: Mental Health
• Washington Hospital Healthcare System - Health Connection • Women on the Way Recovery Center

Health Need: Obesity, Diabetes, and Nutrition
Assets/Resources

- 18 Reasons
- Abode Services
- ACPHD - WIC
- ACMC- Winton Wellness Center
- Alameda County:
    - Community Food Bank
    - Deputy Sheriffs' Activities League's- Dig Deep
    - Food Bank
    - Healthcare Services – School Health Services Coalition
    - Nutrition Services
    - Office of Education
    - Public Health Department
- Alzheimer's Services of the East Bay Adult Day Healthcare Center- Hayward Center
- Ambrose Recreation and Park District
- Ashland Free Medical Clinic
- BACS - Adult Day Care Services
- BOSS - Short-term Special Needs Housing: South County Homeless Project (Mental Health) – Hayward
- Bay Point All Stars
- Bay Point Community Foundation
- Berkeley Food and Housing Project
- Boys & Girls Club of the Diablo Valley
- Building Blocks Collaborative
- Building Blocks for Kids Collaborative
- California State University, East Bay's Promise Neighborhood
- Center for Human Development
- Centro de Servicios
- CFCS - Southern Alameda County Early Head Start and Head Start
- Children's Emergency Food Bank
- City of Antioch
- City of Fremont Parks and Recreation Dept.
- City of Livermore
- City of Newark - Senior Center for Adults ages 55
- City of San Leandro Recreation and Human Services- Senior Community Center
- City Slicker Farms
- Commodity and Food Programs
- Community Child Care Council of Alameda County
- Contra Costa Health Services
- Cooking Matters/Three Squares

Health Need: Obesity, Diabetes, and Nutrition

- East Bay:
  - Agency for Children
  - Regional Parks
- East County:
  - Health and Wealth Initiative
  - Kids N Motion
  - Midnight Basketball
- Eden IR, Inc.
- Eden Youth and Family Center - Hayward Day Labor Center
- EdenFit Supervised Exercise Program
- Emergency Shelter Program, Inc.
- EYFC- New Start Tattoo Removal
- First 5 Contra Costa
- Food Bank of Contra Costa and Solano County
- Fremont Family Resource Center
- FCHSD - Fremont Senior Center
- Fremont/Newark YMCA
- Get Fit Antioch
- Greater Richmond Interfaith Programs
- Healthy and Active Before 5
- Healthy and Livable Pittsburg
- Hope for the Heart- Food Distribution
- JMH Faith & Health Partnership (seven churches offer exercise and active living programs and services, six churches offer healthy food programs and services)
- Kidango, Inc. Early Head Start/Head Start Programs
- La Clinica de la Raza- Healthy Start Clinic- San Lorenzo HS Health Center
- La Familia Counseling Services
- LIFE Eldercare, Inc. - Meals on Wheels
- Livermore Recreation & Park District
- LIFT for Teens
- Loaves and Fishes
- Local Ecology and Agriculture Fremont (LEAF)
- Meals on Wheels:
  - Senior Exercise Program
  - Senior Outreach Services
- Monument:
  - Crisis Center
  - Impact
- Oakland Food Policy Council
- Open Heart Kitchen
- Pogo Park
- Public Health Institute
- REACH Ashland Youth Center
- Salvation Army:
  - Hayward Corps- Food, Clothing, and Donation Services

Health Need: Obesity, Diabetes, and Nutrition

    - Hayward Corps- Senior Center
    - Tri-Cities Corps Community Center - USDA Commodity and Food Programs
    - USDA Commodity and Food Programs
- San Leandro:
    - Boys and Girls Club
    - Health and Wellness Center
    - Unified School District
- San Lorenzo Family Help Center- Ecumenical Food Pantry
- Second Chance - Emergency Shelter
- Senior Support Program of the Tri-Valley
- Service Opportunities for Seniors – Meals on Wheels
- Shelter Inc.
- Silliman Activity and Family Aquatic Center
- Silva Pediatric Medical Clinic
- South Hayward Parish:
    - Emergency Food Pantry
    - Hayward Community Action Network
    - Senior Meal Site
- Spectrum Community Services, Inc.- Senior Nutrition and Activities Program
- St. Rose Hospital- Main
- Tri-City:
    - Free Breakfast Program
    - Health Center
    - Medical Services
- Tri-Valley:
    - Children's Emergency Food Bank
    - City of Livermore
    - Open Heart Kitchen
    - Senior Support Program of the Tri-Valley Children's Emergency Food Bank
    - TVHC - WIC
- Tiburcio Vasquez Health Center
- United Seniors of Oakland and Alameda County
- Urban Tilth
- Village Community Resource Center
- Village Resource Center
- Viola Blythe Community Service Center of Newark
- Washington Hospital and Health Care Services
- Washington Hospital Healthcare System:
    - Community Outreach
    - Diabetes Program
    - Outpatient Diabetes Center
- Washington on Wheels Mobile Health Clinic
- White Pony Express

Health Need: Obesity, Diabetes, and Nutrition
• YMCA of the East Bay

Health Need: Oral/Dental health
Assets/Resources
• Axis Community Health • Chabot- Las Positas Community College District- Dental Hygiene Clinic • La Clinica de la Raza • Ronald McDonald Dental Care Mobile • Tiburcio Vasquez Health Center- Dental Department • Tri-City Health Center, Dental Care • University of the Pacific- Arthur A. Dugoni School of Dentistry- Union City Dental Care Center

Health Need: Substance Abuse (including tobacco and alcohol)
Assets/Resources

• 12-Step programs (Al-Anon, Alcoholics Anonymous, Narcotics Anonymous)
• A Chance for Freedom
• Abode Services:
  o HOPE Project Mobile Health Clinic
  o Project Independence
• Adult Behavioral Health Services
• Alameda County:
  o Health Care Services Agency
  o Housing and Community Development Shelter + Care
  o Medical Center Substance Abuse program
• Al-Anon/Alateen- District 15- Oakland/Hayward Area
• Ashland Youth Center
• Axis Community Health
• Axis Community Health Adult Behavioral Health Services
• BACS – South County Wellness Center
• BOSS - Short-term Special Needs Housing: South County Homeless Project (Mental Health) – Hayward
• Building Opportunities for Self-Sufficiency (BOSS) - Behavioral Health Care Transitional Housing
• Center for Human Development
• Christian Counseling Centers, Inc. Fremont Christian Counseling Center
• Contra Costa Health Services
• Crossroads Recovery Center
• Davis Street Family Resource Center
• Eden Youth and Family Service's Tattoo Removal Program
• Emergency Shelter Program, Inc.
• Fremont Hospital:
  o Chemical Dependency Intensive Outpatient Program
• Health Care Transitional Housing
• Horizon Services:
  o Cherry Hill Detox
  o CommPre
  o Project Eden
• HAART- Humanistic Alternative to Addiction – Methadone
• John Muir Behavioral Health Center
• La Clinica de la Raza, San Leandro
• Latino Commission on Alcohol and Drug Abuse
• Lighthouse Community Center- 12 Step Meetings
• Maintenance & Detox Program
• Narcotics Anonymous
• NAMI Alameda County South
• Neighborhood House

Health Need: Substance Abuse (including tobacco and alcohol)

- New Bridge Foundation
- Options Recovery Service
- REACH project:
  - Ashland Youth Center
- Safe Alternatives to Violent Environments (SAVE)
- Second Chance:
  - Hayward Center
  - Newark Center
  - PC 1000 Drug Division
- Terra Firma Diversion/Educational Services:
  - Court Ordered Adult Diversion Programs
  - Drug Relapse Prevention, Drug Testing, and Youth Services
- Tiburcio Vasquez Health Center
- Tri-City Health Center
- Ujima:
  - East
  - West
- Victory Outreach - Prison Counseling and Services; Residential Rehab Program - Hayward
- West Oakland Health Council
- Women on the Way Recovery Center

Health Need: Unintentional Injuries
Assets/Resources
• Contra Costa Health Services • Child Passenger Safety Program • Fall Prevention Program of Contra Costa County

Health Need: Violence and Injury Prevention
Assets/Resources
• 1,000 Mothers Against Violence • Afghan Coalition • Alameda Family Services • Allen Temple Baptist Church Health and Social Services Ministries • BAWAR – Bay Area Women's Against Rape • Berkeley Youth Alternatives • Beyond Violence • Building Blocks for Kids Collaborative • Building Futures with Women and Children • Calico Center • California State University, East Bay's- Promise Neighborhood • Center for Human Development • Centro Legal Services • City of Berkeley Health, Housing and Community Services Dept • City of Richmond Office of Neighborhood Safety • Community Child Care Council (4C's) of Alameda County • Community Violence Solutions • Family Justice Center • Family Violence Law Center • Filipino Advocates for Justice • First 5 Alameda County • Girls Inc. • Hayward Unified School District • Healing Circles of Hope • Healthy Richmond: o The California Endowment • Herald Family Rebuilding • Kidpower Teenpower • La Familia Counseling Services • Mind Body Awareness Project • Oakland Unite! • One Day at a Time • Passion Society • Pogo Park • REACH Ashland Youth Center • Richmond Police Department • Ruby's Place • RYSE Youth Center • Victim Witness Assistance • Youth Alive! • Youth Intervention Network

Health Need: Violence and Injury Prevention

• Safe Alternatives to Violent Environments (SAVE)
• San Leandro:
  o Boys and Girls Club
  o Education Foundation
• Soulciety
• STAND! for Families Free of Domestic Violence
• Victim Witness Assistance
• Zero Tolerance for Domestic Violence Initiative

Attachment 8: IRS Checklist

Federal Requirements Checklist	Regulation Section Number	Report Section / Attachment
A. ACTIVITIES SINCE PREVIOUS CHNA(S)		
Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Sec. 3
Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(6)(F)	Sec. 3 Att. 4
B. PROCESS & METHODS		
Background Information		
Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Sec. 5
Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Sec. 5
Defines the community it serves, which: • Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. • May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. • May *not* exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.	(b)(i) (b)(3) (b)(6)(i)(A)	Sec. 4 Sec. 6
Describes how the community was determined.	(b)(6)(i)(A)	Sec. 4
Describes demographics and other descriptors of the hospital service area.	(b)(3)	Sec. 4
Health Needs Data Collection		
Describes **data and other information** used in the assessment:	(b)(6)(ii)	Sec. 6
a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	Sec. 6 Att. 2
b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Sec. 6 Att. 6
Describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Sec. 6 Att. 6

Federal Requirements Checklist	Regulation Section Number	Report Section / Attachment
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Sec. 6 Att. 5
a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(5)(i)(A)	Sec. 6 Att. 5
b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(5)(i)(B)	Sec. 6 Att. 5
I. Medically underserved populations		
II. Low-income populations		
III. Minority populations	(b)(5)(i)(B)	
c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(ii)	Sec. 6 Att. 5
Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Sec. 6 Att. 5
Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Sec. 6
Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Sec. 6 Att. 6
C. CHNA NEEDS DESCRIPTION & PRIORITIZATION		
Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Sec. 6 Att. 7
Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Sec. 7
Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Sec. 7
Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility.	(b)(4) (b)(6)(E)	Att. 7
D. FINALIZING THE CHNA		
CHNA is conducted in such taxable year or in either of the two taxable years	(a)1	Exec Sum

Federal Requirements Checklist	Regulation Section Number	Report Section / Attachment
immediately preceding such taxable year.		
CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	June 2016
Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	June 2016
a. May not be a copy marked "Draft".	(b)(7)(ii)	
b. Posted conspicuously on website (either the hospital facility's website or a conspicuously-located link to a web site established by another entity).	(b)(7)(i)(A)	
c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	
d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	
e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	

Attachment 9: 2016 CHNA Health Needs Profiles

Health profiles for all identified community health needs are attached.

- Asthma
- Climate & health
- Communicable diseases, including STIs
- Economic security
- Healthcare access & delivery, including primary & specialty care
- Maternal & child health
- Mental health
- Obesity, diabetes, & nutrition
- Oral/dental health
- Substance abuse, including alcohol, tobacco, and other drugs
- Unintentional injuries
- Violence/injury prevention

Health profiles are detailed handouts which include statistical data and primary community input collected during the CHNA. Because the CHNA report is focused on identifying health needs, data which indicate a poor health outcome are included. For the most part, the health profiles do not include positive data indicators related to the health topic.

The Children's service area comprises Alameda and Contra Costa counties. ASR used statistical data from both counties and from sub-county areas where available. The counties are split as follows:

- Northern Alameda County
- Central Alameda County
- Southern Alameda County
- Western Contra Costa County
- Central Contra Costa County and the Tri-Valley
- Eastern Contra Costa County

Data indicators are compared to either the state rate/proportion, or to Healthy People 2020 targets. Healthy People is an endeavor of the U.S. Department of Health and Human Services, which has provided 10-year national objectives for improving the health of Americans based on scientific data for 30 years. Healthy People sets objectives or targets for improvement for the nation.

ASR gathered community input for the 2016 Community Health Needs Assessment. The section in the health profiles on community input presents community perceptions. ASR asked community members to share about their experiences and observations, and their comments are not necessarily based on data or statistics.

Please refer to Attachments 2 and 3 for information about the data sources and data indicators included in the health profiles.

PROFILES OF TOP HEALTH NEEDS

- Asthma
- Climate and Health
- Communicable Diseases
- Economic Security
- Health Care Access & Delivery
- Maternal & Child Health
- Mental Health
- Obesity/Diabetes/ Nutrition
- Oral Health
- Unintentional Injuries
- Violence/ Injury Prevention

Profile of Health Needs

ASTHMA

Why Is It Important?

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath.[1] Risk factors for asthma currently being investigated include having a parent with asthma; sensitization to irritants and allergens; respiratory infections in childhood; and overweight.

HIGHER CHILD ASTHMA RATES, ESPECIALLY AMONG BLACKS

Data show that both Alameda and Contra Costa Counties have higher asthma rates among children and teens than the state and that Blacks are disproportionately affected.

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. The populations with higher rates of asthma include Blacks, people living below the federal poverty level, children, and people with certain exposures in the workplace.[1]

Asthma is considered a significant public health burden and its prevalence has been rising since 1980.[1] Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Why Is It a Community Health Need?

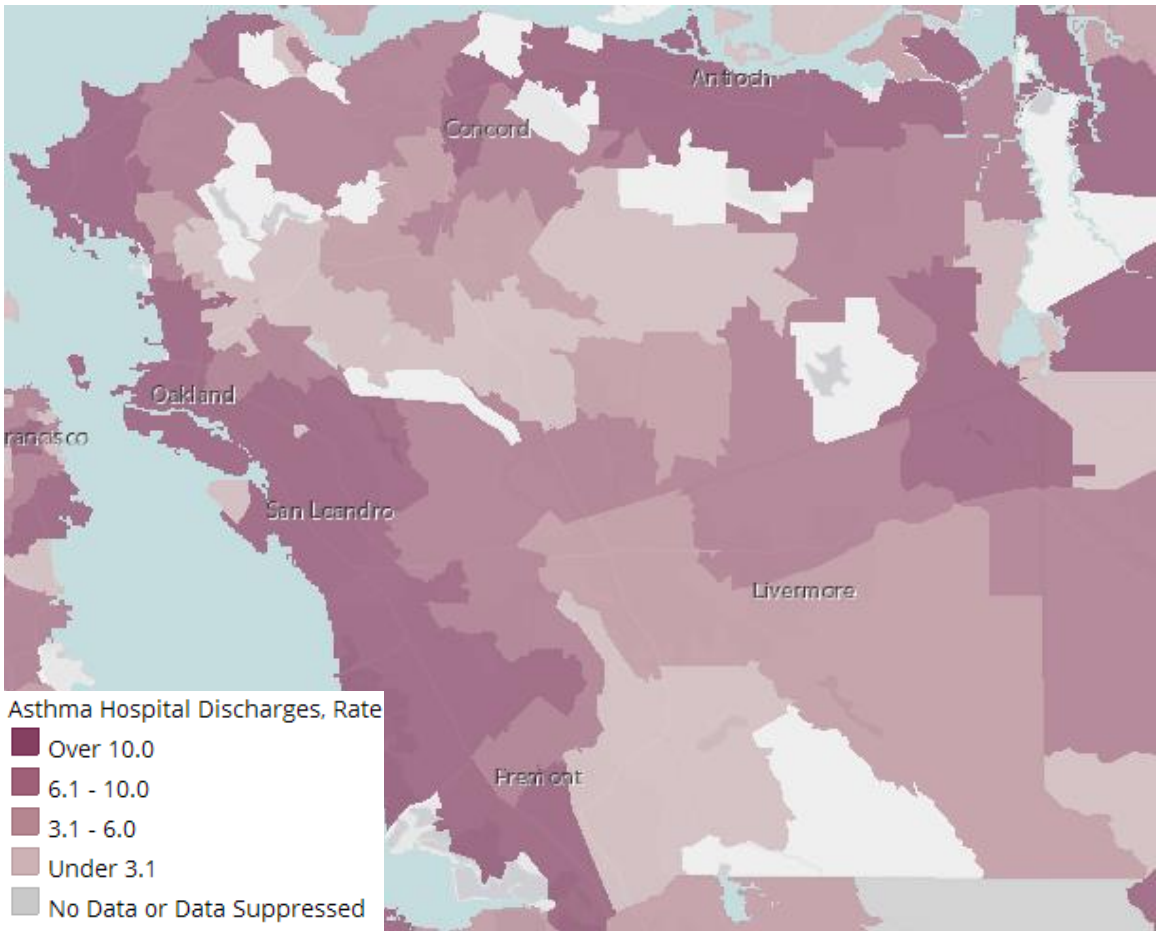
Asthma incidence rates and asthma hospitalization rates among children and teens in both Alameda and Contra Costa Counties are higher than the state average. Black children are hospitalized for asthma-related incidents at rates that are three or more times higher than any other racial/ethnic group in both counties. There is concern about certain neighborhoods that seem to have higher rates of asthma than the counties overall.

What Do the Data Show?

- A higher percentage of both Alameda (19.6%) and Contra Costa Counties' (19.0%) children and teens ages 1-17 had asthma than the state overall at 15.4%.[2,3]
- Asthma hospitalizations in Contra Costa County currently occur at a rate of 23.8 per 10,000 children ages 0-4, and in Alameda County at a rate of 40.2 per 10,000, both higher than the state average of 20.4.[4]
- In both Alameda and Contra Costa Counties, there are ethnic disparities:
  - Black children age 0-14 in Contra Costa County are hospitalized for asthma-related incidents at a rate (43.7 per 10,000) four times higher than White (11.1) or Asian/Pacific Islander (9.8) children and three times higher than Latino children (12.9).[3]
  - The same trend exists in Alameda County where Black children age 0-5 have three to five times higher asthma hospitalization rates than any other racial/ethnic group.[2]

[1] *Healthy People 2020*. Office of Disease Prevention and Health Promotion. Web. December 2015.
[2] Alameda County Public Health Department. 2014. *Alameda County Health Data Profile 2014*.
[3] Contra Costa Health Services. 2010. *Community Health Indicators for Contra Costa County*.
[4] Kidsdata.org. 2013. *Summary: Asthma*. Web. March 2016.

ASTHMA HOSPITAL DISCHARGES PER 10,000, BY ZIP CODE



What Does the Community Say?

- Asthma is a "bigger deal" for elementary school students. School districts are currently focused on building relationships and trust with early adolescents so they know how to access the services they need.
- One key informant indicated that children from certain high-needs communities like Havenscourt, West Oakland, and East Oakland seem to have higher rates of asthma. However, another key informant stated that while rates in West Oakland may still be higher than rates elsewhere, countywide rates are trending down.
- Several key informants indicated that children living in areas near major traffic arteries and those living in "heavy refinery areas" have greater issues with asthma than those living elsewhere. Another acknowledged this, but said air quality has improved over time due to clean-up at the ports and the use of cleaner engines.
- The Richmond community expressed concern about how asthma will be managed without a hospital nearby.

Profile of Health Needs

CLIMATE AND HEALTH

Why Is It Important?

Maintaining a healthy environment is central to increasing quality of life and years of healthy life. Globally, almost 25% of all deaths and the total disease burden can be attributed to environmental factors.[5] Environmental factors[5] include:

- Exposure to hazardous substances in the air, water, soil, and food
- Natural and technological disasters
- Physical hazards
- The built environment

POOR AIR QUALITY

Data show that air quality in both Alameda and Contra Costa Counties, especially the northern Alameda County and eastern and western Contra Costa County areas, is worse than the state.

Poor environmental quality has its greatest impact on people whose health status is already at risk. Consequently, environmental health must address the societal and environmental factors that increase the likelihood of exposure and disease.[5] An emerging issue in environmental health is climate health, which is projected to impact sea level, patterns of infectious disease, air quality, and the severity of natural disasters such as floods, droughts, and storms.

Why Is It a Community Health Need?

Air pollution, especially ozone and particle pollution, can make asthma symptoms worse and trigger attacks.[6] The air quality in both Alameda and Contra Costa Counties is worse than the state as measured by the percentage of days with particulate matter that is 2.5 or more levels above national air quality standards. Other climate measures, such as tree canopy cover rates and road network density rates, are also worse than the state. The community is concerned with poor air quality and the lack of infrastructure to deal with an extremely hot climate.

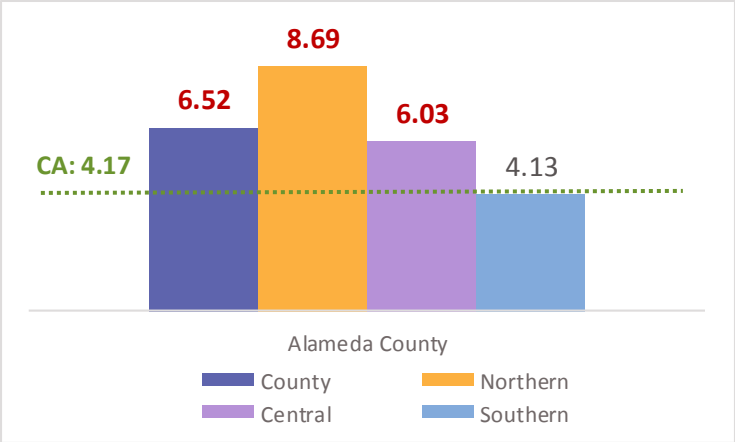
What Do the Data Show?

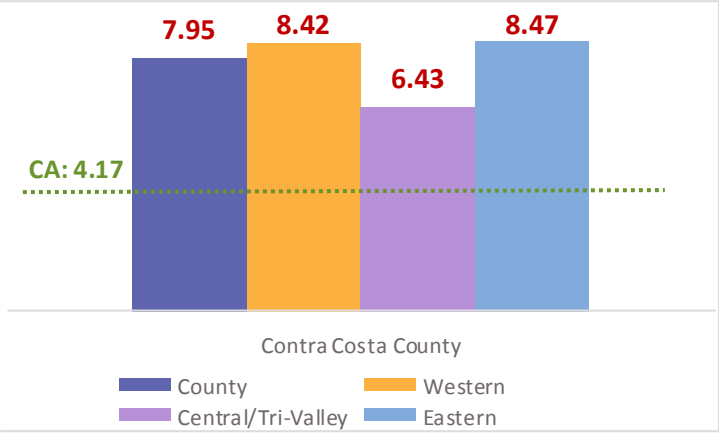
- In comparison to the state overall at 4.2%, both Alameda (6.5%) and Contra Costa (8.0%) Counties and especially central Contra Costa County and the Tri-Valley (6.4%) had substantially higher percentages of days with particulate matter 2.5 level above national air quality standards (see chart on next page).[7]
    - Northern Alameda County (9.0%), eastern Contra Costa County (8.5%), and western Contra Costa County (8.4%) had the highest rates at double or more that of the state.[7]
- Drought severity levels measured by percentage of weeks in drought status in both Alameda (92.1%) and Contra Costa (92.2%) Counties are the same as the state at 92.8%.[8]

[5] *Healthy People 2020*. Office of Disease Prevention and Health Promotion. Web. December 2015.
[6] *Asthma and Outdoor Air Pollution*. United States Environmental Protection Agency and Centers for Disease Control and Prevention.
[7] Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.
[8] U.S. Drought Monitor. 2012-14.

- A higher percentage of the population in both Alameda (53.2%) and Contra Costa (53.2%) Counties do not have access to air conditioning, compared to the state at 33.8%.[9]
- The canopy cover rate, or percentage of the report area that is covered by tree canopy, in both Alameda County (9.14) and Contra Costa County (13.25) are lower than the state at 15.3, with the lowest rates being in southern Alameda County (6.60) and eastern Contra Costa County (7.20).[10]
- The road network density rate, or road miles per acre, in Contra Costa County (5.96) is more than double that of the state at 2.02, and in Alameda County, the rate (6.48) is more than triple that of the state.[11]
    - Of all the sub-county areas, northern Alameda County has the highest road network density rate at 21.38, more than ten times that of the state.[11]
- The rate of heat-related emergency room visits per 100,000 in Contra Costa County was 11.2, slightly higher than that of the state at 11.1.[12] In Alameda County, the rate of these visits is lower at 7.06 per 100,000.[12]

AIR QUALITY – PARTICULATE MATTER 2.5 (% OF DAYS EXCEEDING STANDARDS)





What Does the Community Say?

- The community does not have the infrastructure to deal with hot days that exceed 100° F.
- Several key informants indicated that children living in areas near major traffic arteries and those living in "heavy refinery areas" have greater issues with asthma than those living elsewhere, due to higher levels of particular matter that affect air quality. Another acknowledged this, but said air quality has improved over time due to clean-up at the ports and the use of cleaner engines.

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[9] U.S. Census Bureau, *American Housing Survey*. 2011, 2013.
[10] Multi-Resolution Land Characteristics Consortium, *National Land Cover Database 2011*. Additional data analysis by CARES. 2011
[11] Environmental Protection Agency, *EPA Smart Location Database*. 2011.
[12] California Department of Public Health, *Tracking*. 2005-12.

Profile of Health Needs

COMMUNICABLE DISEASES

Why Is It Important?

HIGH CHILD IMMUNIZATION RATES, BUT PERTUSSIS ON THE RISE

More children in Contra Costa County were immunized than in the state, but figures are still lower than desired target; the pertussis rate has been increasing for the last three years.

Communicable diseases are diseases that are primarily transmitted through direct contact with an infected individual or their discharge (such as blood or semen). Communicable diseases remain a major cause of illness, disability, and death. People in the United States continue to get diseases that are vaccine preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection.[13] Communicable diseases are closely monitored to identify outbreaks and epidemics, provide preventive treatment and/or targeted education programs, and to allocate resources effectively.

Why Is It a Community Health Need?

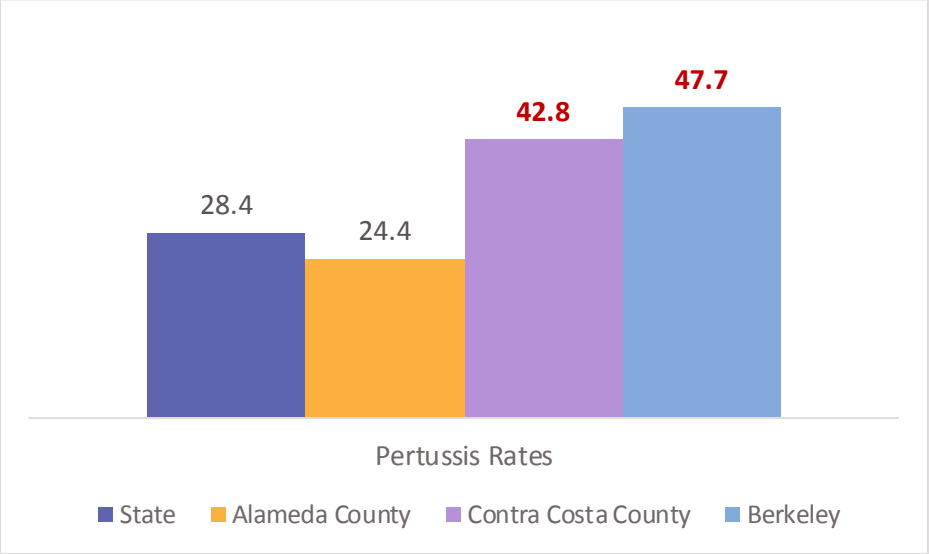
Child immunization rates for Contra Costa County are higher than the state, but still not as high as the Healthy People 2020 (HP2020) target. Berkeley's child immunization rates are lower than that of the state. The pertussis incidence rate has been rising over the past three years, and Contra Costa County's rate is higher than Alameda County's. Community feedback indicates that adolescents need more sexual health education and that there is concern about unsafe sexual activity among Blacks.

What Do the Data Show?

- Eighty percent of Contra Costa County parents indicated that their child was fully immunized at 24 months old. This was higher than the state average of 77%, but still lower than the HP2020 goal of 90%.[14]
    - A lower percentage of Black parents in Contra Costa County (67%) indicated that their child was fully immunized at 24 months old, when compared to White (85%) or Latino (80%) parents.[14]
- Only 80% of Berkeley children were immunized against seven common, preventable childhood diseases by kindergarten enrollment. This was lower than the state average of 90%.[16]
- The pertussis incidence rate (per 100,000) rose markedly between 2012 and 2014, increasing to 44.1 in Contra Costa County and 25.1 in Alameda County, compared to 29.3 for the state.[15] The City of Berkeley's pertussis rate was 48.6 in 2014.[16]

[13] *Healthy People 2020*. Office of Disease Prevention and Health Promotion. Web. December 2015.
[14] *Community Health Indicators for Contra Costa County*. Contra Costa Health Services. 2010.
[15] *Pertussis Report*. California Department of Public Health. Web. October 2015.
[16] *City of Berkeley Health Status Report*, City of Berkeley Public Health Division. 2013

PERTUSSIS INCIDENCE RATES[15,16]



What Does the Community Say?

- Sexual health education and general healthy decision making for adolescents is needed.
- Contra Costa County public health key informants expressed concern about rising HIV and syphilis rates for men who have sex with men (MSM) but don't identify as gay.
- Alameda County public health key informants mentioned that the highest rates of chlamydia and gonorrhea in the state may be found in East Oakland.
- Alameda County public health key informants also indicated that "even though the teen birth rates are highest among Latinas, we do see more younger initiation [of sex] and more likel[ihood] to have sex without a condom among African-Americans" than those of other ethnicities.

Profile of Health Needs

ECONOMIC SECURITY

Why Is It Important?

SOME AREAS & GROUPS MORE ECONOMICALLY INSECURE

Data show that children in western Contra Costa County, and northern and central Alameda County, are economically more disadvantaged than elsewhere; Black and Latino families with children face greater economic challenges.

An individual's health-related behaviors, surrounding physical environments, and health care all contribute significantly to how long and how well we live. However, none of these factors is as important to population health as are the social and economic environments in which we live, learn, work, and play.[17] These economic and social conditions are referred to as the "social determinants of health." Research has increasingly shown how strongly social and economic conditions determine population health and differences in health among subgroups, much more so than medical care.[17] For example, research shows that poverty in childhood has long-lasting effects limiting life expectancy and worsening health for the rest of the child's life, even if social conditions subsequently improve.[17] By working to establish policies that positively influence economic and social conditions, we can improve health for large numbers of people in ways that can be sustained over time.[18]

Why Is It a Community Health Need?

Children living in western Contra Costa County and the northern and central Alameda County areas are economically more challenged than other sub-county areas. There are consistently higher proportions of Black and Latino families who are poor or likely to be poor. The community is concerned about academic, economic, and social barriers that exist for Latinos, and that jobs are not paying living wages.

What Do the Data Show?

- The percentage of children under age 18 living in households that are at 100% of the federal poverty level is lower in Alameda County (16%) and Contra Costa County (14%) than the state average at 22%.
    - The highest proportions of children living in poverty were in western Contra Costa County (22%), northern Alameda County (20%), and central Alameda County (20%).
    - In all sub-county areas, larger percentages of Black and Latino children were living in poverty than any other racial group.[19]
- Higher percentages of children in the western Contra Costa County (71%) and central Alameda County (62%) areas were eligible for free/reduced price lunch than other sub-county areas, well higher than the state benchmark (58%).[20]

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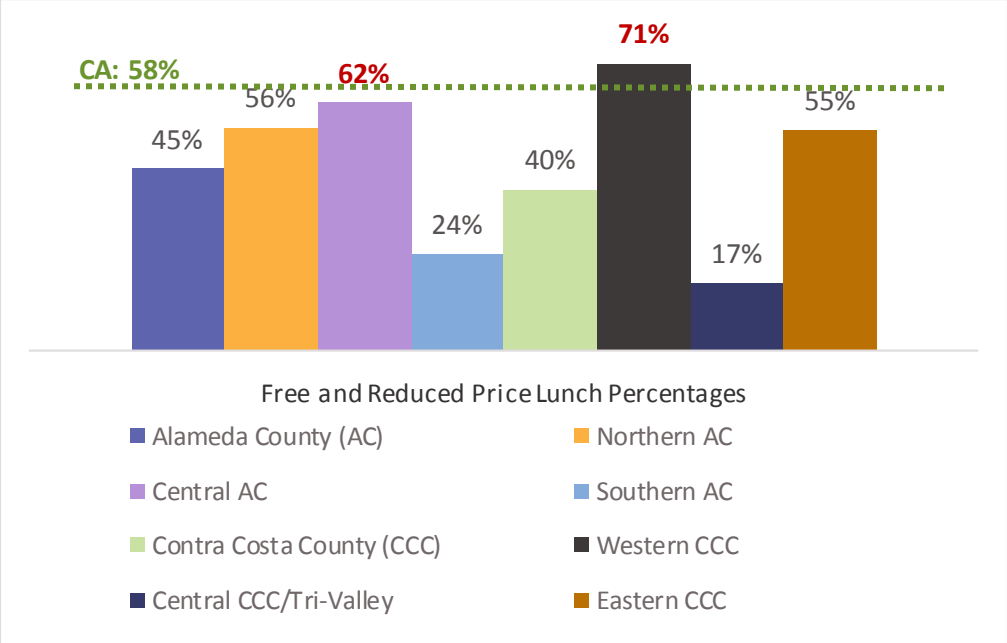
[17] *Social Determinants of Health: How Social and Economic Factors Affect Health.* County of Los Angeles Public Health. 2013.
[18] *Healthy People 2020.* Office of Disease Prevention and Health Promotion. Web. December 2015.
[19] US Census Bureau. American Community Survey. 2009-13.
[20] National Center for Education Statistics, NCES - Common Core of Data. 2012-13.

- The percentage of the population experiencing food insecurity at some point during the year in all sub-county areas was more than double (13-16%) that of the Healthy People 2020 (HP2020) target of 6% with the highest proportions in the Alameda County areas.[21]
- The high school graduation rates (4-year cohort) in Alameda County overall (81%), northern Alameda County (76%), central Alameda County (82%), eastern Contra Costa County (79%), and western Contra Costa County (80%) were no better than the HP2020 target of 82%.
    - In all sub-county areas, Blacks and Latinos had the lowest high school graduation rates.[22]
- In the western Contra Costa County (47%), central Alameda County (42%), and eastern Contra Costa County (38%) areas, there were proportionally more students in 4th grade reading below proficiency than the HP2020 target of 36%.[23]

CHILDREN ELIGIBLE FOR FREE/REDUCED PRICE LUNCH[20]



What Does the Community Say?

- Young people are graduating ready to be employed, but jobs are not offering living wages.
- More encouragement is needed for students to attend college, especially from parents.
- There are low graduation rates in middle school and high school, particularly among Latino students.
- Residents said they are not feeling comfortable accessing certain services like CAL-Fresh and WIC.

[21] Feeding America. 2012.
[22] California Department of Education. 2013.
[23] California Department of Education. 2012-2013.

Profile of Health Needs

HEALTHCARE ACCESS AND DELIVERY

Why Is It Important?

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Components of access to care include: insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include: quality, transparency, and cultural competence. Limited access to health care and compromised healthcare delivery impact people's ability to reach their full potential, negatively affecting their quality of life.

ACCESS TO HEALTH CARE BETTER THAN STATE, BUT ETHNIC DISPARITIES EXIST

Alameda and Contra Costa Counties are better off than the state in terms of having a consistent source of primary care and health insurance, but ethnic disparities exist.

Why Is It a Community Health Need?

Both Alameda and Contra Costa Counties are slightly better off than the state in terms of access to health care. For example, the percentage of residents who lack a consistent source of primary care and are uninsured are lower than the state average. However, racial/ethnic disparities exist in some service areas. In Contra Costa County and specifically the western part of the county, Blacks and Latinos are more likely to lack a consistent source of primary care when compared to Whites; Latinos, Native American/Alaskan Natives, and Native Hawaiian/Pacific Islanders have higher rates of uninsured in nearly all sub-county areas than other ethnicities. Community feedback indicates that barriers to accessing services exist, including prior negative experiences, lack of provider cultural diversity, cost, and lack of reliable transportation.

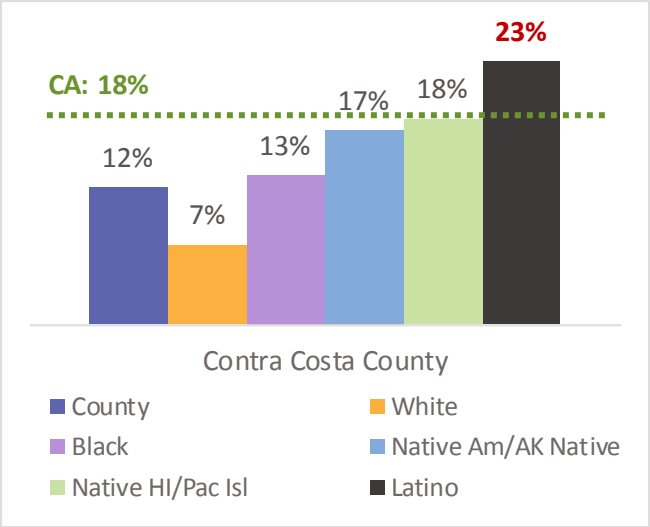
What Do the Data Show?

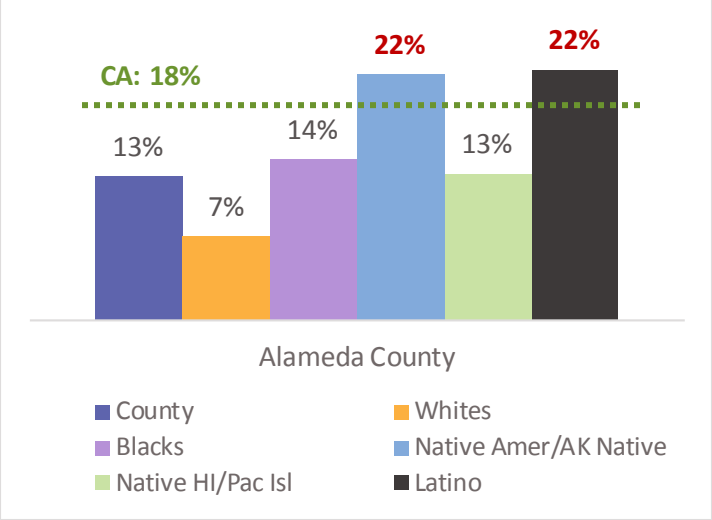
- Alameda County had a slightly higher rate of persons reporting a usual source of health care (86%) compared to the Healthy People 2020 (HP2020) objective at 84%. However, smaller percentages of Blacks have a usual source of care relative to other racial/ethnic groups at 66%.[24]
- Fourteen percent of Alameda County residents experienced delays or difficulties in obtaining care, more than the HP2020 target of 4%.[25]
- Both Alameda and Contra Costa Counties, and all the sub-county areas within them, are slightly better off than the state (14%) when it comes to the percentage of residents lacking a consistent source of primary care.[26]
    - ➥ However, in Contra Costa County and the western Contra Costa County area, Latinos (18%) and Blacks (14%) are more likely to lack a consistent source of primary care when compared to Whites (9%).[26]

[24] Alameda County Public Health Department. 2014. *Alameda County Health Data Profile 2014*.
[25] Office of Statewide Health Planning and Development, *OSHPD Patient Discharge Data*. Additional data analysis by CARES. 2011
[26] University of California Center for Health Policy Research. *California Health Interview Survey*. 2011-12.

- With the exception of Alameda County as a whole and the Central Contra Costa County/Tri-Valley area, all other sub-county areas and Contra Costa County as a whole have higher rates of preventable hospital events than the state.[25]
- Both Alameda (13%) and Contra Costa (12%) Counties as a whole have lower rates of persons who are uninsured than the state as a whole at 18%. However, widespread disparities exist.[27]
  - ➥ Whites have the lowest percentage of uninsured while Native American/Alaskan Natives, Native Hawaiian/Pacific Islanders, and Latinos have the highest percentages in the majority of sub-county areas.[27]

UNINSURED POPULATION[27]





What Does the Community Say?

- The costs of health insurance premiums, co-pays, healthcare services (appointments, lab tests, care that isn't covered by insurance), and prescriptions are all too high, especially for low-income families.
- Community members have had negative experiences with accessing care, including long wait times to get an appointment, office waits, and lack of culturally diverse service providers.
- There are not enough medical providers (both primary & specialty), especially those who accept Medi-Cal. Also, not enough service providers are trained to work with children, especially children who have experienced trauma.
- Some community members lack reliable transportation and basic needs such as housing, which are barriers to accessing healthcare services.
- As a result of mental health services being provided by zip codes, some families are moving to obtain mental health services for themselves and their children.

[27] U.S. Census Bureau, *American Community Survey*. 2009-13.

Profile of Health Needs

MATERNAL AND CHILD HEALTH

Why Is It Important?

ETHNIC DISPARITIES IN MATERNAL AND CHILD HEALTH

Data show Blacks have higher infant mortality rates and lower rates of breastfeeding.

Improving the well-being of mothers, infants, and children is an important public health goal. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.[28] The topic area of maternal and child health addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families. Data indicators that measure progress in this area include low birth-weight, infant mortality, teen births, breastfeeding, and access to prenatal care. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.[28]

Why Is It a Community Health Need?

Some maternal and child health data, like infant mortality and breastfeeding rates, indicate that compared to other racial/ethnic groups, Black women and babies are doing worse than their White, Latino, and Asian counterparts. The community is concerned about the effects of trauma on children and the additional pressure that children are facing to perform in all areas of their lives.

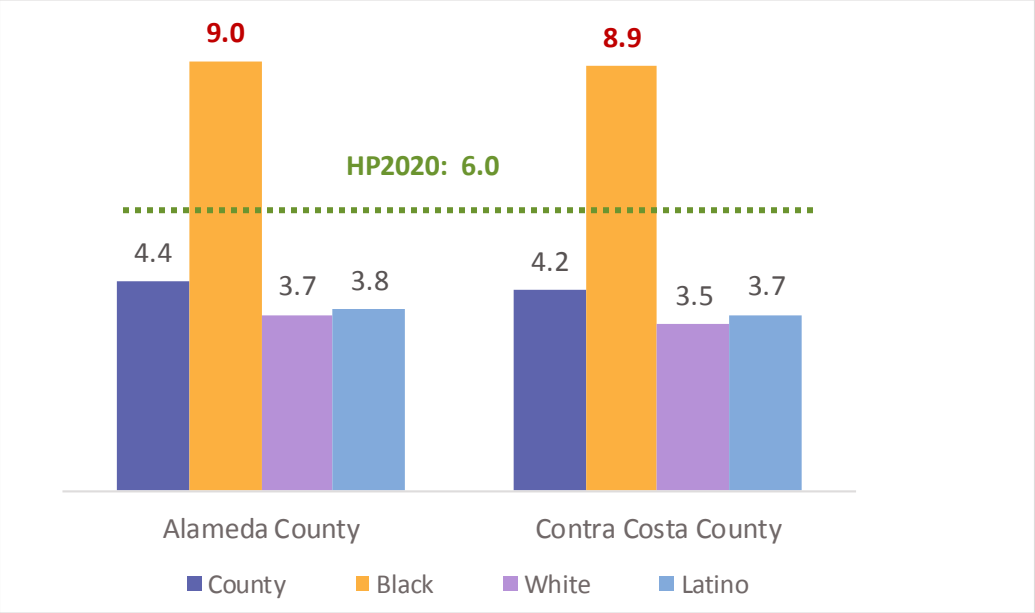
What Do the Data Show?

- The infant mortality rate[29] of both Alameda (4.4) and Contra Costa Counties (4.2) are below the Healthy People 2020 (HP2020) target of 6.0.
    - However, in both counties, the infant mortality rate of Blacks is more than double the rate of the counties, or that of Whites or Latinos in the counties, surpassing the HP2020 target.[30]
- Seven percent of live births in Alameda (7.1%) and Contra Costa (6.9%) Counties were of low birthweight babies, in comparison to the state overall (6.8%).[31]

[28] *Healthy People 2020*. Office of Disease Prevention and Health Promotion. Web. December 2015.
[29] The infant mortality rate is the number of deaths of infants under one year old per 1,000 live births.
[30] Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10.

- More mothers are breastfeeding their babies in the hospital in Alameda (96.8%) and Contra Costa (96.8%) Counties compared to mothers in the state as a whole (93.0%).[32]
    - Black mothers are breastfeeding their babies in lower percentages (94%) than other racial/ethnic groups in Alameda County, including in each of the northern, central, and southern sub-county areas.
    - The same is true of Black (92%) and Native-American/American Indian (93-94%) mothers in Contra Costa County, and in each of the western, central/Tri-Valley, and eastern sub-county areas.[32]

INFANT MORTALITY RATES (PER 1,000 LIVE BIRTHS)



- Per 10,000 children under the age of five, 5.84 in Alameda and 3.43 in Contra Costa County attended a Head Start Program facility, below the state average of 6.34.[33]

What Does the Community Say?

- Trauma experienced in the first three years of life is having a lasting impact on children.
- The community needs more health providers who are trained in trauma-informed care.
- Families are so focused on their children doing better, faster and quicker, that they are putting a lot of pressure on their children.

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[31] California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.

[32] California Department of Public Health, CDPH - Breastfeeding Statistics. 2012.
[33] U.S. Department of Health & Human Services, Administration for Children and Families. 2014.

Profile of Health Needs

MENTAL HEALTH

Why Is It Important?

RESIDENTS LACK SOCIAL EMOTIONAL SUPPORT

Data show that more than a quarter of Alameda County residents do not feel socially or emotionally supported. Whites and Blacks have greater mental health needs.

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. [34] Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.[34]

Why Is It a Community Health Need?

The suicide mortality rates in Contra Costa County generally, and in the eastern and western Contra Costa County areas in particular, are higher than the state. One of out every four residents in Alameda County, and one out of every five residents in Contra Costa County feel a lack of social or emotional support. Data show that ethnic disparities exist for suicide mortality rates, the rate of Emergency Department visits for mental disorders, and the percentage of residents needing mental health care. The community is concerned about the range of issues that adolescents face and the lack of mental health service providers trained to work with children, especially children who have faced trauma.

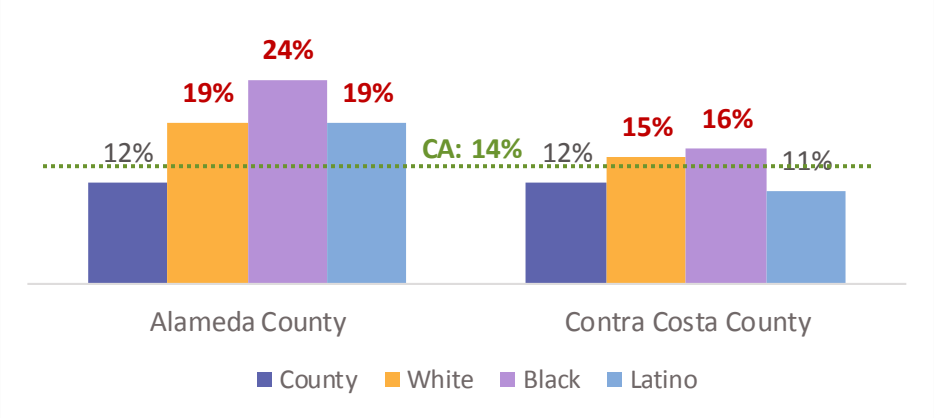
What Do the Data Show?

- The suicide mortality rate is higher in Contra Costa County (10.5) and the eastern (11.5) and western (11.8) Contra Costa County areas than the state (9.8).[35]
    - When compared other racial/ethnic groups, Whites have the highest suicide mortality rates in all sub-county areas.[35]
- More than a quarter (26%) of Alameda County residents felt a lack of social or emotional support, slightly above the state average of 25%. The percentage of Contra Costa County residents who felt a lack of social or emotional support was lower at 21%.[36]

[34] *Healthy People 2020*. Office of Disease Prevention and Health Promotion. Web. December 2015.
[35] California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

- From 2009 to 2011, the age-adjusted rate for Emergency Department visits for mental disorders among Alameda County residents was 1,064.1 per 100,000 population. Blacks had a rate of 1,889.1 per 100,000, a rate eleven times the Asian rate of 170.6 per 100,000.[37]
- The percentage of adults needing mental health care is lower than that of the state (14%) in all areas.
    - However, ethnic disparities exist. Whites and Blacks in all sub-county areas (and Latinos in some sub-county areas) have higher rates of those needing mental health care.[38]

PERCENTAGE OF ADULTS NEEDING MENTAL HEALTH CARE[38]



What Does the Community Say?

- There are not enough trained providers to work with children, particularly those who have experienced trauma. Children who have faced adverse childhood experiences (ACES) need mental health support even 8-10 years after the trauma.
- There is a lack of culturally diverse service providers.
- Many middle school and high school students are struggling with depression, suicide, unsafe communities, and pressure to join gangs; there is also a need for timely teen counseling in areas such as grief and stress.
- Education for the community is needed to connect physical well-being and emotional wellness.

[36] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse. 2006-12.
[37] Alameda County Public Health Department. 2014. *Alameda County Health Data Profile 2014*.
[38] University of California Center for Health Policy Research, California Health Interview Survey. 2012.

Profile of Health Needs

OBESITY/DIABETES/NUTRITION

Why Is It Important?

OBESITY RATES TOO HIGH, ETHNIC DISPARITIES EXIST

Data show that youth in the majority of sub-county areas fall below the HP2020 goals for eating right and being physically active; Latino and Black youth are more likely to be obese than White or Asian youth.

Healthy diets and achievement and maintenance of healthy body weights reduce the risk of chronic diseases and promote health. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities.[39] For example, having healthy food available and affordable in food retail and food service settings allows people to make healthier food choices. When healthy foods are not available, people may settle for foods that are higher in calories and lower in nutritional value.[40] Creating and supporting healthy food environments allows people to make healthier choices and live healthier lives.

Why Is It a Community Health Need?

Youth in the majority of sub-county areas fall below the Healthy People 2020 (HP2020) goals for eating right and exercising enough, and overweight and obesity rates are higher than they should be. Ethnic disparities exist – Latino and Black youth are more likely to be overweight and obese and to be considered physically inactive than White and Asian youth, but some are also more likely to consume more fruits and vegetables. Community feedback indicates that obesity is a concern and that children are getting heavier as they get older. Barriers to youth eating more healthy foods include lack of access and cost of healthier foods, lack of transportation to the supermarket, and an abundance of cheap fast food. Lack of access to recreational activities that are affordable and convenient contribute to youth not exercising enough.

What Do the Data Show?

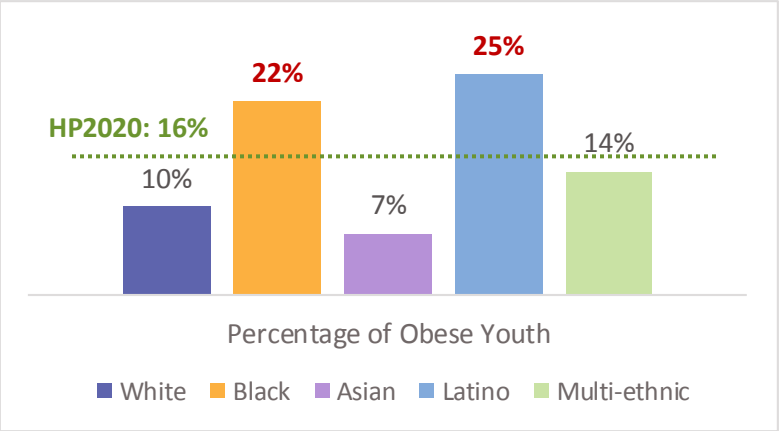
- Just over one third of youth (34%) are overweight in central Alameda County, higher than Alameda County as a whole (23%); both counties are higher than the state overall (19%).[41]
- Nearly a quarter of youth in western Contra Costa County are obese (24%), and 22% of youth in eastern Contra Costa County are obese, exceeding the HP2020 target of 16%.[41] Latino and Black youth are much more likely to be obese than White and Asian youth in the region (see chart on next page).[41]
- A greater percent of youth in Alameda County (60%) have low fruit/vegetable consumption compared to the state at 47%. The youth in Contra Costa County and especially the central Contra Costa County/Tri-

[39] *Healthy People 2020*. Office of Chronic Disease Prevention and Health Promotion. Web. December 2015.
[40] *Healthy Food Environments*. Centers for Disease Control and Prevention. Web. December 2015.
[41] California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.

Valley area eat more fruits and vegetables, with low consumption at 36% and 43%, respectively. White youth are more likely to have low fruit/vegetable consumption as compared to Latino and Black youth in the region. [42]

- More than half of youth (52%) in central Alameda County and 42% of youth in western Contra Costa County are considered physically inactive, or rank within the "High Risk" or "Needs Improvement" zones for aerobic capacity on the FitnessGram physical fitness test, well above the state average of 36%.
    - More Latino and Black youth are considered physically inactive than White or Asian youth in nearly all sub-county areas.[43]
- In Contra Costa County, 34% of students walk/bike/or skate to school, below the state average of 43%. In Alameda County, the figure is higher (46%) than the state.[44]

YOUTH OBESITY RATES IN COMBINED AREA OF ALAMEDA AND CONTRA COSTA COUNTIES[41]



What Does the Community Say?

- Obesity is a problem among children; health screenings done in 5th, 7th, and 9th grades show that students are getting progressively heavier.
- Barriers to youth eating more healthy foods include lack of access and higher cost of healthier foods compared to fast food, and lack of transportation to the supermarket.
- Difficulty in accessing information on free and reduced lunch students is a challenge.
- Youth lack access to recreation activities that are affordable and convenient.
- Students with Type 1 diabetes require a roving nurse to monitor, and there simply aren't enough nurses.

[42] University of California Center for Health Policy Research, California Health Interview Survey. 2012.
[43] California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.
[44] University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.

Profile of Health Needs

ORAL HEALTH

Why Is It Important?

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions.[45] However, oral diseases, from cavities to oral cancer, cause pain and disability. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health.[45] Health behaviors that can lead to poor oral health include: tobacco use, excessive alcohol use, and poor dietary choices. Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures. There are also social determinants that affect oral health. People with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of oral diseases. Additionally, people with disabilities and other health conditions are more likely to have poor oral health.

RICHMOND FACES SHORTAGE OF DENTISTS

While data show that fewer youth in Alameda and Contra Costa Counties overall had not received a recent dental exam than the state, many western Contra Costa County residents face a shortage of dentists.

Why Is It a Community Health Need?

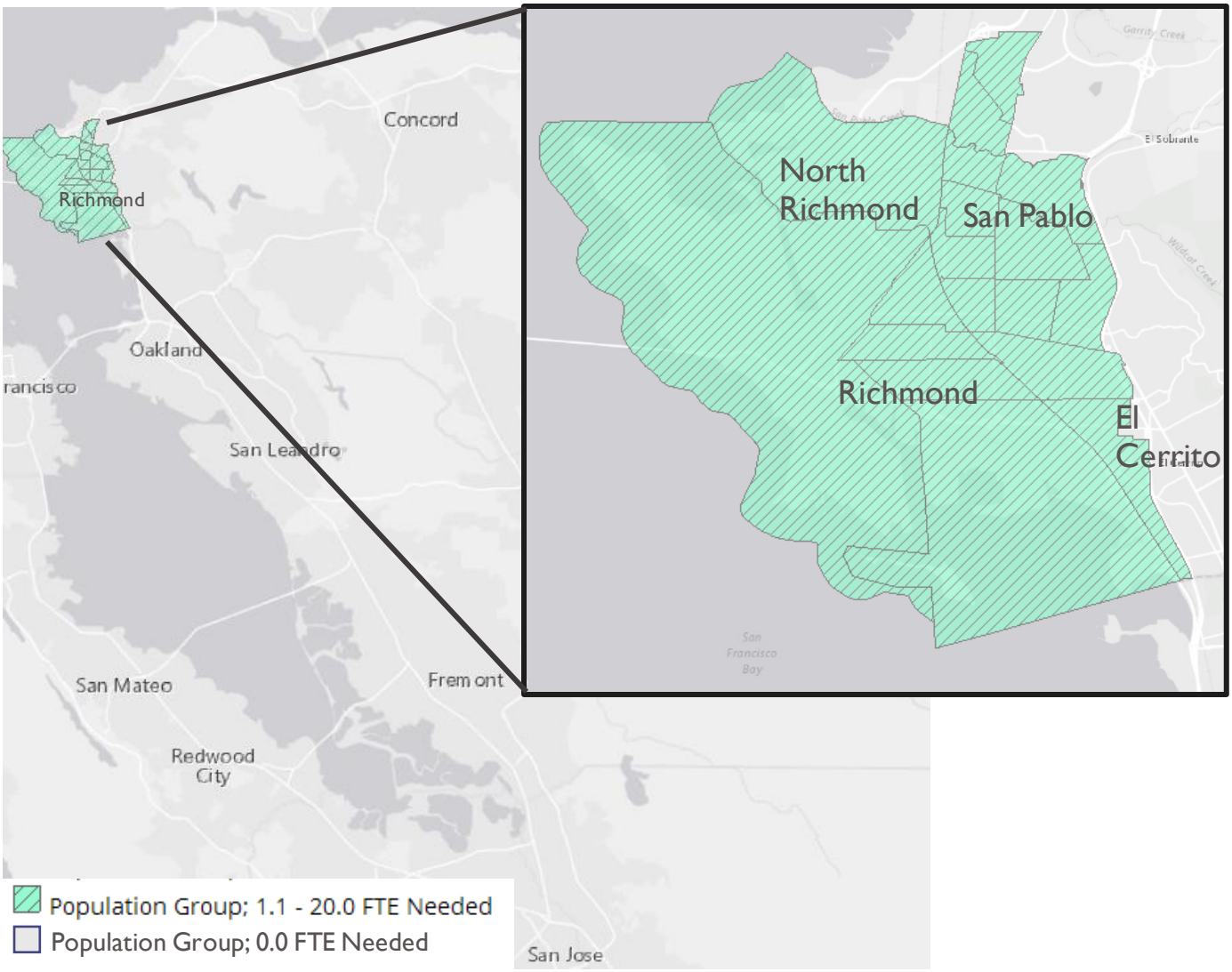
While children in Alameda and Contra Costa Counties visited a dentist in percentages better than the state average, Contra Costa County has a higher percentage of children who missed school days due to a dental problem compared to the state. In addition, 40% of individuals residing in the western Contra Costa County area are faced with a shortage of dental care professionals, which is relevant because lack of access to dental care contributes to poor dental health status. The community is concerned that parents are not taking their children to the dentist for preventative care and because of the lack of oral health care requirements at school.

What Do the Data Show?

- Five percent of youth aged 2-13 years in Alameda County and just 2% of youth in Contra Costa County had not received a recent dental exam (within the last 12 months), compared to 19% as the state average.[46]
- Forty percent of individuals in western Contra Costa County were living in a Dental Professional Shortage Area, much higher than California at 5% (see map on next page).[47]

[45] *Healthy People 2020*. Office of Disease Prevention and Health Promotion. Web. December 2015.
[46] University of California Center for Health Policy Research, *California Health Interview Survey*. 2013-14.
[47] U.S. Department of Health & Human Services, Health Resources and Services Administration. Web. March 2015.

DENTAL HEALTH PROFESIONAL SHORTAGE AREA (WESTERN CONTRA COSTA AREA)



What Does the Community Say?

- Parents are more likely to take kids to the dentist when there is a problem instead of taking them for preventative care.
- Schools are no longer requiring students to have basic dental care and exams like they used to.
- There is a need for more oral health care providers that can accept students.

Data found in this health profile were collected during the 2016 Community Health Needs Assessment. Visit http://www.childrenshospitaloakland.org/main/departments-services/center-for-community-health-and-engagement-162.aspx for more details.

Profile of Health Needs

UNINTENTIONAL INJURIES

Why Is It Important?

Unintentional injuries are defined as those not purposely inflicted, and they are most often the result of accidents.[48] The most common unintentional injuries result from motor vehicle crashes, falls, poisonings, suffocations, and drowning.[49] Although most unintentional injuries are predictable and preventable, they are a major cause of premature death and lifelong disability. More adults ages 15-44 die as a result of unintentional injuries than from any other cause.[49] Unintentional injury is the fifth leading cause of death for all ages both in the U.S. and California.[49]

ETHNIC DISPARITIES IN UNINTENTIONAL INJURY RATES

Blacks have higher rates of unintentional injury deaths in both counties and a higher rate of visiting the ER because of injuries in Alameda County, while Whites have a higher rate in Contra Costa County.

Why Is It a Community Health Need?

Blacks have higher rates of unintentional injury deaths in both counties; Blacks also have a higher rate of visiting the Emergency Department due to unintentional injuries in Alameda County, but Whites are more likely to visit the hospital due to unintentional injuries in Contra Costa County. Both Alameda and Contra Costa County and nearly all sub-county areas have pedestrian accident mortality rates that are higher than the Healthy People 2020 (HP2020) target.

What Do the Data Show?

- The rate of unintentional injury deaths per 100,000 residents is 20.6 in Alameda County[50] and 26.7 in Contra Costa County.[5151] They are both slightly lower than the state at 29.5.[52]
  - ➥ In both counties, the rate is higher for Blacks compared to other racial/ethnic groups and the state overall.
- The rate of unintentional injury Emergency Room visits per 100,000 residents is 6,360.0 in Alameda County, compared to 6,557.8 for the state, with Blacks having the highest rate (11,721.4).[50]
- The rate of unintentional injury hospitalizations per 100,000 residents is 537.1 in Contra Costa County, compared to 552.1 for the state, with Whites having the highest rate (723.7).[52]

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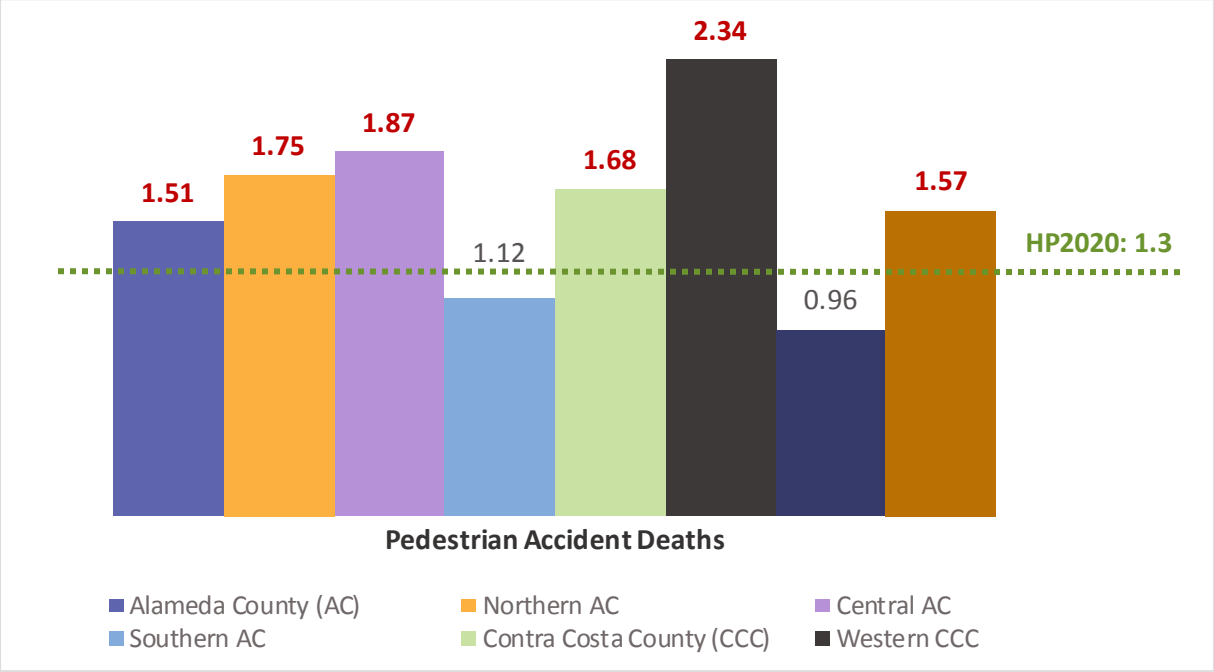
[48] *Injury 101*. Society for Public Health Education (SOPHE) Unintentional Injury and Violence Prevention. Web. February 2016.
[49] *Unintentional Injury Death Data Trends for Years 2000-2010*. California Department of Public Health. Web. February 2016.
[50] Alameda County Public Health Department. 2014. *Alameda County Health Data Profile 2014*.
[51] *Community Health Indicators for Contra Costa County*, Contra Costa Health Services, December 2010.

- However, both counties and nearly all the sub-county areas have pedestrian accident mortality rates that are higher than the HP2020 target of 1.3, with the highest rate in western Contra Costa County (2.3).[52]

PEDESTRIAN ACCIDENT MORTALITY RATES[52]



What Does the Community Say?

- Community concerns about unintentional injuries were more focused on older adults (i.e., falls) than on children.

[52] California Department of Public Health, *Death Public Use Data*. 2010-12.

Profile of Health Needs

VIOLENCE/INJURY PREVENTION

Why Is It Important?

Violence and intentional injury contributes to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization's "World Report on Violence and Health."[53] Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one study, individuals who reported feeling unsafe to go out in the day were 64% more likely to be in the lowest quartile of mental health.[54] Witnessing and experiencing violence in a community can cause long term behavioural and emotional problems in youth. For example, a study in the San Francisco Bay area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.[55,56]

VIOLENCE HIGHER THAN STATE, AND ETHNIC DISPARITIES EXIST

Rates of homicide mortality, youth intentional injuries, and school suspensions are higher in both counties than in the state; Blacks have higher rates of homicide than those of other ethnicities.

Why Is It a Community Health Need?

Violence is a problem in both Alameda and Contra Costa Counties. Data show that homicide mortality rates, assault injuries, youth intentional injury rates, and school suspension rates are higher than the state. Racial and ethnic disparities exist, with the homicide mortality rate for Blacks several times higher than that of other racial/ethnic groups. The community is concerned about the safety of children due to violence related to gangs and drugs, especially among the Black and Latino communities. Community concerns also arose around lack of trust with the police, and with respect to higher levels of violence in certain are as like East Oakland, West Oakland, and Richmond. The community needs more programs to keep youth busy, to prevent violence and gang involvement, as well as more health professionals trained in trauma-informed care.

What Do the Data Show?

- The western Contra Costa County (15.6), central Alameda County (12.4), and northern Alameda County (10.6) areas have the highest age-adjusted homicide mortality rates per 100,000 residents, well above the state average (5.2) and Healthy People 2020 (HP2020) goal (5.5).

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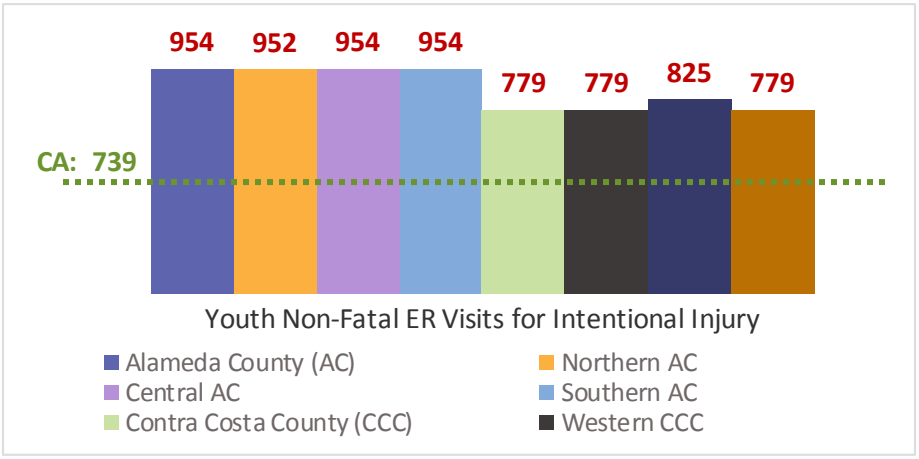
[53] Krug, E.G., Dalhberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R. (Eds.). (2002). *World report on violence and health*. World Health Organization, Geneva, Switzerland. Web. November 2015.
[54] Guite, H.F., Clark, C., & Ackrill, G. (2006). The impact of the physical and urban environment on mental well-being. *Public Health* 120: 1117-1126.
[55] Perez-Smith, A.M., Albus, K.E., & Weist, M.D. (2001). Exposure to violence and neighborhood affiliation among inner-city youth. *Journal of Clinical Child Psychology, 30*(4): 464-472.
[56] Ozer, E.J. & McDonald, K.L. (2006). Exposure to violence and mental health among Chinese American urban adolescents. *Journal of Adolescent Health, 39*(1):73-79.

  - Racial and ethnic disparities are stark with Blacks having a homicide mortality rate more than twenty times higher than some racial/ethnic groups. For example, in northern Alameda County, the homicide rate was 42.1 for Blacks compared to 2.3 for Whites, 2.1 for Asians, and 5.6 for Latinos.[57]

- The rate of youth intentional injury (non-fatal ER visits, including suicide attempts) among 13-20 year olds per 100,000 in all sub-county areas is higher than the state's rate of 738.8 with the highest rates in Alameda County (954.1) and each of its sub-county areas: southern (954.1), central (954.1), and northern (952.3).[58] (See chart.)
  - In both Alameda and Contra Costa Counties the rate of non-fatal ER visits due to assault injuries is 338.4 per 100,000, higher than the state at 290.3 per 100,000.[58]
  - In both Alameda and Contra Costa Counties the rate of non-fatal ER visits due to domestic violence is 12.1 per 100,000, higher than the state at 9.5 per 100,000.[58]

YOUTH INTENTIONAL INJURY RATES[58]



- The majority of sub-county areas have a rate of school suspensions higher than the state at 4.1, with the highest being the eastern Contra Costa County (17.7), western Contra Costa County (13.3), and central Alameda County (9.1) service areas.[59]

What Does the Community Say?

- The community is concerned that kids are getting injured on the streets due to the violence and the lack of trust with the police. Most violence is related to gang-on-gang violence and drug wars.
- Latinos and Blacks experience violence more often than others. Exposure to violence is connected to health problems (both physical and mental) later in life. Even though Latino gangs are more prevalent, Black gangs have higher homicide rates than Latino gangs from all kinds of violence.
- The community needs more programs to keep youth busy, preventing them from joining gangs.
- The community needs more health professionals trained in trauma-informed care.
- East Oakland, West Oakland, and Richmond have high levels of violence and school dropout rates.
- East Oakland also has the poorest health outcomes, in addition to violent crime.

[57] California Department of Public Health, *Death Public Use Data*. 2010-2012.
[58] California EpiCenter data platform for Overall Injury Surveillance. 2011-2012.
[59] California Department of Education, 2011-2013.